TASC 3 – Global Health **INDEFINITE QUANTITY CONTRACT** **SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP)**		
Jordan Health Systems Strengthening II		
1	RFTOP Number	Jordan-09-04
2	Date RFTOP Issued	February 16 - 2009
3	Issuing Office	Regional Contracting Office USAID/Jordan
4	Contracting Officer	*Charis Nastoff* Office: 962-6-*590-6654* E-mail: **cnastoff@usaid.gov**
5	Proposals to be Submitted to	*Rima Kayyal* Office: 962-6-*590-6666* Email**: AmmanRCOHealth@usaid.gov**
6	Proposals Due	12 noon Jordan time, April 16, 2009
7	Questions Due	12 noon Jordan time, March 2, 2009
8	Payment Office	See Section G.4 Invoices
9	Name of Firm	
10	IQC Task Order Number	
11	DUNS number	
12	Tax Identification Number	
13	Address of Firm	
14	RFTOP Point of Contact	Name: Rima Kayyal Phone: 962-6-590-6666 Email: rkayyal@usaid.gov
15	Person Authorized to Sign RFTOP	Charis Nastoff Contracting Officer
16	Signature	
17	Date	

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

The United States Agency for International Development in Jordan (USAID/Jordan) is issuing this request for task order proposal to assist the Government of Jordan (GOJ) improve access to and quality of health care services and information through strengthening, expanding and institutionalizing health care delivery systems in the public sector at the central MOH, Health Directorate (hospitals and primary health facilities), and the community levels. The activities funded under this contract focus on a number of interventions and systems and a wide variety of activities with special emphasis on maternal/child health and family planning. The project is a follow on to the interventions and activities currently being implemented by the Health Systems Strengthening Project (HSS) and will be referred to throughout this document as the HSS II project. The project will be for duration of five years with a total estimated value in the region of $60 million: $13.2 million for Phase 1 and $46.8 million for Phase 2.

B.2 CONTRACT TYPE

This is a Cost Plus Fixed Fee Term form Task Order. For the consideration set forth in the task order, the Contractor shall provide the deliverables or outputs described in Section C and comply with all task order requirements.

B.3 BUDGET & CEILING PRICE

The Total Estimated Cost of this acquisition is	$ _____
For Workdays (LOE) Ordered	$ _____
Engineering and Renovation Subcontracts*	$ 28,000,000.00
For Other Direct Costs	$ _____
Indirect Costs (includes overhead, G&A, and MHO)	$_____
Fixed Fee	$_____
Cost Plus Fixed Fee Ceiling Price	$_____

The contractor will not be paid any sum in excess of the ceiling price.

***** $28 million out of the total $60 million have to be budgeted and set aside for engineering and renovation subcontracts (inclusive of facility renovation costs), procurement of medical/IT equipment and furnishings, shipping, warehousing and distribution costs related to hospitals, training centers and destinations for equipment. The amount of $28 million should not include the level of effort of project staff and other indirect costs.

B.4 PAYMENT

The paying office is:

Financial Management Office (FMO)
AmEmbassy Amman
6050 Amman Place
Washington, DC 20521-6050

B.5 OTHER RFTOP INFORMATION

The final statement of work for the task order that will result from this RFTOP will be incorporated at the time of award and shall be based on the proposal by the successful offeror.

END OF SECTION B

SECTION C – DESCRIPTION / SPECIFICATIONS/STATEMENT OF WORK

C.1. BACKGROUND

C.1.1 Overview

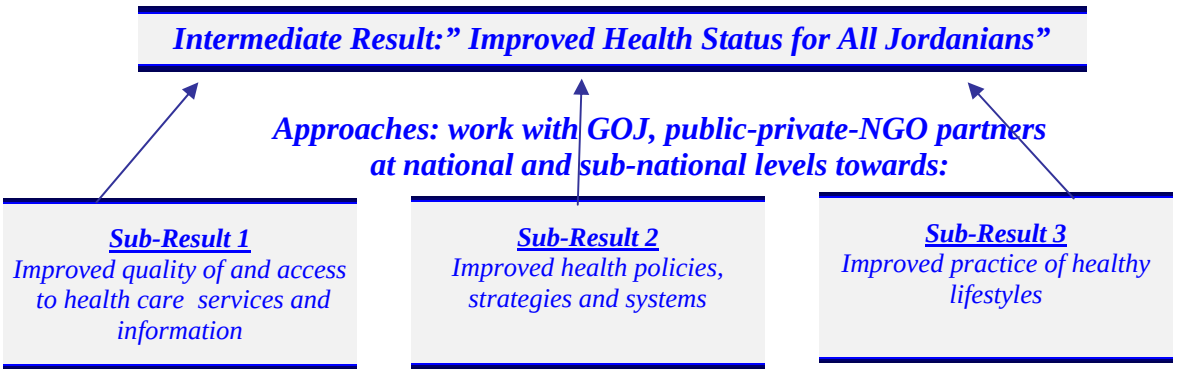
USAID has continued its strong collaboration with the Ministry of Health, the Higher Population Council, and other local partners and donors at a number of levels to ensure that all USAID supported programs are carried out in close coordination with national goals and objectives.

The important social dimension to the work of USAID-funded programs is to protect the poor, the disadvantaged, and the hard to reach, and to continue to ensure the quality of and access to health care services and information throughout the country.

The continued development and maturation of the public sector health system is fundamental to achieving success in all intervention areas of individual, family and community health, particularly in the areas of maternal/child health, reproductive health, safe motherhood and primary health prevention and care. Thus, the continued application of an integrated, holistic approach to health systems strengthening continues to be a USG – GOJ priority.

In October 2003, USAID conducted a consensus building strategic planning workshop where the five-year "Gateway to the Future: 2004 - 2009" Population and Family Health strategy was jointly developed with the MOH and the other Jordanian counterparts and partner organizations working in health. The workshop emphasized the importance of health systems strengthening broadly and safe motherhood interventions specifically in achieving the GOJ desired replacement fertility rates in 2020, improved reproductive and women's health and the need to strengthen and institutionalize a variety of health systems in the public sector. In 2006 the "Gateway" strategy was extended from 2009 to 2011.

The Strategic Framework aims at improving health for all Jordanians through (a) improved quality of and access to health care services and information; (b) enhanced health policies, strategies and management systems; and (c) improved practice of healthy lifestyles.



Between 2009 and 2011 and beyond, USAID/Jordan, in close partnership with the MOH, will continue to support programs that improve the public sector health care system in Jordan with a strong emphasis on family planning and maternal and neonatal health services. By the end of 2014, it is expected that USAID programs will have contributed significantly to a decrease in Jordan's fertility rate, from the current 3.6 to a projected 3.0 (a decline of 0.1% per year) [(1)]. USAID will work to improve important health indicators, especially maternal and infant mortality and morbidity -- working at all levels of the health system, but especially at the local level where health care workers interact with most of citizens. These outcomes will be measured through the Demographic and Health Survey conducted every five years and the introduction of a biennial fertility survey for Jordan.

The approach for implementing the strategy has been carried out in close collaboration with the GOJ and with stakeholders at all levels of the health system in order to methodically develop the capacity of local partners. A distinctive aspect of USAID's integrated strategy is that it focuses a significant portion of its investments on measures that substantively improve the institutional, managerial and human capacity of the public health system to provide high quality health care services and information. This capacity development and ongoing collaboration has ensured ownership and institutionalization of systems, structures, and methodologies that can be used by our partners as a platform for scaling up and expanding activities more widely across the country.

Under the PFH strategy for FY 2004-2011, the strengths of the current program will be supported as resources permit. Activities will be streamlined to reduce organizational and programmatic redundancies, better use of inherent synergies and opportunities will be utilized, and a strategic geographical focus on priority national and sub-national areas will be stressed. Overall, the PFH program will maintain a strong information/service delivery focus, bolstered by dynamic health systems strengthening interventions that will effectively maximize the impact of USG investments.

C.1.2 Current Health Situation:

Jordan has one of the fastest growing populations in the world with approximately 60% of its population below 25 years of age. Between 1979 and 2007, the population grew from 2.1 to 5.7 million people, an average annual increase of 3.6 percent. At the current growth rate of 2.3%, the population of Jordan will double in about 30 years. The GOJ recognizes that this is a prospect it can ill afford given Jordan's limited natural resources and economic base.

While overall health conditions in Jordan are good, the population growth rate continues to be a major development constraint. Although there was a dramatic decrease in the total fertility rate (TFR) from 7.4 in 1976 to 3.6 in 2007, the 2007 Demographic and Health Survey (DHS) found that there has been only a 2.7% decrease in the TFR since 2002 – from 3.7 to 3.6. Another critical finding of the DHS was that contraceptive prevalence has marginally increased over the last 10 years: 53% all methods in 1997 (38% modern); 56% in 2002 (41% modern); and 57% in

([1]) This represents a downward adjustment from the previous projected TFR of 2.9 in 2009. It more accurately reflects the current reality.

2007 (42% modern). This plateau effect is very worrisome to the GOJ and urgent measures are required to address the fundamental issues contributing to continued population growth.

Jordan has an extensive public health service delivery system reaching the majority of citizens which findings from the 2007 DHS confirm. For example, antenatal care from a health professional was 99% and assistance at delivery by a health care professional was also 99%. Other DHS health indicators confirm similar trends including infant and under five child mortality which decreased over the last five years by 14% and 22% respectively. But the current rates of infant mortality at 19 per 1000 live births and under- five-mortality at 21 per 1,000 live births are still high compared to developed countries. Services for maternal health have expanded to national coverage with 98 percent of pregnant women in contact with MOH antenatal and birth services; and 94% of children age 12-23 months are fully immunized. While reasonably good quality care is available from MOH services, the effectiveness of the services and quality of the contacts between health care providers and clients/patients needs more attention.

Jordan has been experiencing an epidemiological transition as part of the demographic transition to an older population. Infectious diseases are still a cause, albeit less prominent cause, of morbidity and mortality. At the same time the 2007 Behavioral Risk Surveillance Survey indicated that chronic non-communicable diseases for those 18 years of age and above are reaching alarming levels. For example, the prevalence of diabetes was 16%, hypertension 26%, and hypercholesterolemia 36%. HIV/AIDS prevalence is presumed to be low and improved surveillance is essential to obtaining better figures of incidence and prevalence in order to effectively prevent the spread of the disease.

The influx of an estimated 500,000 Iraqis presents a growing challenge to Jordan's health care delivery systems. While there is virtually no hard data on the health seeking behavior of Iraqis living in various parts of Jordan, particularly in East Amman and Zarqa, there are reports of over crowding in public health centers, increased occupancy rates in hospitals, and a general strain on health care facilities in areas where Iraqis are living. There have been anecdotal reports of malnutrition, declines in vaccination coverage, increases in multi-drug resistant TB, and cases of serious untreated illness in the Iraqi population in Jordan. This is particularly alarming due to the fact that Jordan has made impressive progress on important public health issues over the past ten years, which may be threatened due to declining health indicators in the Iraqi community.

C.1.3 Challenges to the Health Sector

The strategy and funding parameters fully reflect Jordan's health situation and status as an emerging developing country. However, the health sector in Jordan still faces enormous and persistent challenges; namely:

Health services challenges: The overall health system in Jordan still faces enormous challenges with weaknesses in the public sector health care delivery system. Approximately 50% of the Jordanian population relies on primary health centers/clinics for outpatient services. Given the current social, demographic and economic pressures, the role of the MOH's primary health care system is vital to sustaining and advancing the health gains of the last two decades. However, primary health care centers/clinics are overcrowded, do not utilize an appointment system which

would spread the patient load across working hours, physicians in particular have extremely limited time with each patient, and patients prefer to attend the clinic during the mid-morning hours.

Improving data for decision making, planning, management and monitoring skills of central MOH officials as well as health care providers working throughout the system is considered a high priority for the MOH. Strengthening the primary health center/clinic to hospital referral/appointment system is one key element of the system, especially for pregnant women. There is also a need for improving health data records and systematic use of service statistics and evaluation and research results for policy development, program planning and monitoring, and for budgeting appropriate human and financial resources.

Safe motherhood challenges: During 2007, deliveries and miscarriages accounted for 54% of female admissions to Obstetric and Gynecological wards in MOH hospitals according to a recent survey. But maternity beds are in short supply in densely populated urban areas. At Al-Bashir Hospital in Amman, the MOH's largest referral hospital, more than 20,000 deliveries took place in 2008 with many women coming as "un-booked" cases[(2)]. Optimal quality of care for mothers and neonates cannot be achieved given this situation. Implementation of recently developed clinical guidelines and accreditation standards presents a challenge to public sector hospitals. While there is some difference of opinion over the actual maternal mortality ratio (MMR) in Jordan of 41/100,000 live births from a 1995 study or WHO estimates of in 2005 at 62/100,000, the policy implications and clinical interventions remain the same. MOH obstetric specialists are very familiar with the causes of maternal mortality and interventions necessary to reduce them and their experience and advice should be heeded.

Infant and child health challenges: Infant and under-five child mortality has decreased to levels that are better than many developing countries. However neonatal mortality represents 70 percent of infant mortality and will not likely be significantly reduced until focused efforts at improving key aspects of in-hospital obstetrical and neonatal care are implemented and institutionalized nationwide.

High risk closely spaced births: Although the percentage of birth intervals of less than 24 months decreased from 44 percent in 1997 to 34 percent in 2002, birth intervals in Jordan are still among the shortest in the world. In fact 59% of births in the five years preceding the 2007 DHS were less than three years apart. It is clear from international data that lengthening birth intervals contributes significantly to the health of women and children. Children who are born three to four years after a previous birth, compared with children born less than two years after a birth, are twice as likely to survive the first 28 days of life and the first year of life. Mothers who have their babies at longer intervals are more likely to avoid pregnancy complications.

Family planning/reproductive health challenges: Jordan has made progress in family planning and reproductive health over the last ten years as data indicate. There is widespread acceptance of family planning and knowledge of contraceptive methods is no longer an issue. However, contraceptive prevalence has reached a plateau; unmet need is significant; rates of less effective

(2) "Un-booked" means that a woman arrives at a hospital with no pregnancy history available at the time of delivery.

traditional methods remain virtually static; traditional method use is high among youth; a large cohort of well-educated young women are using less effective methods and are experiencing high rates of method failure with them; and the national program has a high discontinuation and repeat acceptance rate.

There is a strong desire on the part of Jordanian couples to plan the number and spacing of their children. Their ability to effectively do so improves individual family outcomes; it also facilitates Jordan's goal of reaching the recently revised total fertility rate of 2.1 by 2025. USAID continues to place major emphasis on family planning and reproductive health as it works with the GOJ to achieve its national population goal and to move the Kingdom beyond the current plateau in contraceptive prevalence by addressing the following barriers:

1. *High discontinuation rates*: Jordan continues to experience high discontinuation and repeat acceptance of contraception (circulation). Over forty percent of women discontinue within 12 months of using a method according to DHS 2007, a figure that is 5% more than the preceding survey of 2002. High discontinuation is combined with a high contraceptive failure rate. When the average continuation time is brief, total prevalence of use cannot rise beyond a certain level as couples constantly move in and out of the pool of users. To address the incessant movement in and out of the pool of users by so many couples, the focus must be upon continuation. While there are many reasons for discontinuation, surveys and observation include: a lack of appropriate counseling on method selection and side effects, including providing the opportunity for women to ask questions; and providers not giving family planning information unless asked. Government maternity centers/public health centers are overloaded and there is little time for requisite interaction between health care provider and client.

2. *Poor Counseling:* Short encounter times with clients coupled with negative attitudes toward counseling and poorly trained counselors limit the amount and veracity of information provided to women and, therefore, their ability to choose the type of method best suited to their needs. Recent analysis of the 2007 DHS indicated that only 17% of non-family planning users who visited a health clinic were counseled. A recent HSS study showed that 67% of non-family planning users did not receive any counseling in MOH health centers. This contributes to the high discontinuation rates.

3. *Provider Bias:* The role of providers and their attitudes often limits access to family planning information and services. The absence of clear operational policies at public service sites has opened the door for providers' own policies and biases. Physicians use their own personally determined criteria to decide whether or not a woman is eligible for receiving certain services, and are often reluctant to prescribe hormonal or long-term methods, especially to newly married or low parity women. Also, many physicians lack proper training and accurate information about modern methods, side effects and counseling. A recent study carried out by the Private Sector Project for Women's Health reported that 50% of private doctors advised against newly married couples using a modern method of family planning, and 15% advised their clients not to use any family planning method at all.

4. *Missed Opportunities:* A number of missed opportunities for family planning exist at all levels of the health care system. They include antenatal and post-natal visits, pre-marital

exams, and regular visits to service providers. Data from an HSS study conducted in 2008 showed that among women non-users of family planning who visited a MOH health facility, only 9.3% received complete counseling about family planning. Premarital screening for Thalassemia could be a good opportunity to educate young couples about birth spacing, family planning, and responsible parenthood. Another opportunity is associated with postnatal care. Although antenatal care is universal in Jordan, 68% of women receive post-natal medical checkup within 6 weeks from delivery. This period is a crucial to provide women with information on family planning as many women are again at risk for unwanted pregnancy. Another opportunity is post partum. Given that 99 percent of births take place in a medical facility in Jordan, a unique opportunity exists for provision of family planning information post partum. Women who have spontaneous abortions (miscarriage) represent another missed opportunity as they do not receive contraception as part of Post-Abortion/Miscarriage Care (PAC).

5. *Inadequate access to female providers*: Jordanian women generally prefer to visit female physicians for family planning services. However, there are not enough female physicians or other trained female providers engaged in family planning to meet this demand. Midwives, while allowed to deliver pregnant women and more available and acceptable at the primary health care level, and not allowed legally to insert IUDs at the present time. Nevertheless, midwives are currently inserting IUDs as part of the MOH's pilot program to expand accessibility to female providers. But efforts need to continue to officially/legally allow midwives to perform this important function.

6. *Exclusion of important groups:* Adolescents, those about to be married, and the newly married have generally been excluded from awareness raising, health information, preparation for marriage and family life, and counseling programs. Only recently, has reproductive health information, education and services specifically targeting Jordan's young adults been provided. Certain other groups such as urban and rural poor face many barriers in accessing needed family planning and reproductive information and services. A changing economy and rising prices may also be affecting their ability to pay.

Health seeking behavior challenges: The MOH remains the main and sometimes sole source of health services and information for populations living in remote areas and for the lower income groups and the disadvantaged. Based on the World Bank's 2004 Jordan Poverty Assessment, poverty stands at 14.2% living in twenty pockets of poverty in different areas of the country as identified by the GOJ. Given the worsening economic situation in Jordan, strengthening the role of the public sector primary health care system is vital to advancing and sustaining the health gains of the prior two decades.

Vulnerable groups, such as women and refugees are most affected. Iraqis living in Jordan often do not have correct information about the availability of services or where to go for treatment. They may also be fearful of identifying themselves at a government institution due to their perceived legal status in the country.

Behavior change challenges: While the knowledge of family planning is very high at almost 100%, its practice does not go hand in hand with knowledge. Similarly other health risk factors

are known to the young and adult population; however, practicing healthy life styles does not follow the knowledge. Chronic diseases at all age levels are increasing at an alarming rate, smoking is a national problem, breast cancer is prevalent, and exercise infrequently practiced.

Demand for quality health care. Individuals, families and communities need to be empowered to demand and receive high quality health care information and services, change their health seeking behavior, and actively participate in and influence the systems responsible for delivery of their health care services.

C.1.4 Government of Jordan Priorities:

The GOJ's focus has been on developing its human potential, essentially by advancing the well-being of its citizens. Jordan's National Population Strategy (NPS) and the Reproductive Health Action Plan (RHAP), a sub-strategy of the NPS, make clear that Jordan is serious about family planning and recognizes that continued population growth continues to be a major constraint to Jordan's development prospects. One of the principal elements of the NPS is the reinforcement of the "right of families to produce an appropriate number of children and to have access to information and family planning methods in order to make their decisions freely in line with religious and cultural values." The GOJ's continuing commitment to the pressing issues of population and family planning is also evident in the country's National Agenda: 2006 - 2015 and National Health Strategy. The MOH has for the first time developed a comprehensive Strategic Plan for 2008-2012 that will provide health prevention and curative services, but with a greater focus on primary health care. The Higher Population Council (HPC) finalized the second stage of the RHAP which also fits into the 2008 – 2012 timeframe of the other national strategies. The Prime Minister has also stressed the need to focus on population growth in light of scarce resources, as well as the need to promote the small family norm.

The GOJ also recognizes the need to address and to better understand the potential demographic dividend in Jordan. Recently, the Prime Minister issued a decree formulating a Ministerial Steering committee, consisting of decision makers in concerned ministries in addition to representatives from the private sector, and civil society organizations. Moreover USAID assistance was requested to work with the newly established technical committee on demographic analysis and on development of a strategy to address the policy ramifications. These efforts have enhanced and expanded the role of the HPC and the implementation of RHAP.

C.1.5 USG and Donors:

USAID remains the largest donor in the health sector in Jordan. The Jordanian public sector (Ministry of Health and the Royal Medical Services) [(3)], and an extensive network of private sector health care providers and facilities (hospitals, primary health care clinics, and private practitioners) provide maternal, neonatal and child health, as well as family planning, and reproductive health services throughout the kingdom.

(3) The Royal Medical Services (RMS) is the military health care service in Jordan with a network of hospitals situated around the country that serve military, police and civil defense personnel, their families, and other civilians. It is one of the prime health insurers in the country.

The USG programs complement the work of the public-private sector and other donors working in the area such as WHO, UNICEF and UNFPA by coordinating programs to reduce the redundancy of inputs.

C.2. Project Objectives

C.2.1 Phase 1

1. **Improve quality of emergency and obstetric services in selected hospitals**

   Upgrade facilities and quality of services in emergency rooms (ER) at three MOH hospitals (Al-Bashir, Jamil Tutanji and Prince Faisal hospitals). Improve physical infrastructure, equip and furnish obstetric and neonatal departments at Al Bashir hospital.

C.2.2 Phase 2

1. **Promote the principles and practice of knowledge management at the MOH**

   Assist the MOH further strengthen and institutionalize the concept of "Knowledge Management" and strengthen health information systems and performance assessment capabilities to ensure regular use of data and information for decision making by all levels of the MOH.

2. **Improve quality of care at primary health care level**

   Assist the MOH improve quality of care at primary health care level through the implementation of the Essential Services Package; operational planning; supervision and monitoring systems; an effective referral and appointment system; preparation of primary health care facilities for accreditation; medical records; and other necessary interventions.

3. **Improve quality of safe motherhood services at hospital level**

   Assist the MOH and RMS improve safe motherhood services to reduce maternal and neonatal morbidity and mortality.

4. **Improve quality of and increase access to family planning/reproductive health services**

   Assist the MOH design and implement activities leading to longer birth intervals, increased modern contraceptive method use and decrease of discontinuation rates and proportion of unwanted births. Help ensure that access to quality and comprehensive family planning and reproductive health care services and information is made available at every stage of the birth interval and at each point of contact with women of reproductive age.

5. **Improve community health**

   Assist the MOH design and implement community based health interventions to promote healthy behaviors including the small family norm.

6. **Renovate, equip, furnish and maintain health facilities**

   Improve the physical infrastructure of obstetric and neonatal departments and to procure, install and ensure utilization of a set of medical equipment and furniture in obstetric and neonatal departments in selected MOH and RMS hospitals.

7. **Develop human resources**

   Institutionalize capacity building of MOH health care providers using a wide range of guidelines, training manuals curricula, and other protocols developed with USAID support; while focusing on the in-service training, supervision and monitoring the outcomes of capacity building interventions.

C.3. SCOPE OF WORK

The purpose of the follow on project is to further strengthen, expand and institutionalize the public sector health systems implemented to date by the Health Systems Strengthening Project (HSS), and to strengthen maternal health/family planning and reproductive health service delivery interventions in the public sector. Expected outcomes, in direct support of reduced fertility and improved women's health, are primarily public sector initiatives in safe motherhood, family planning and reproductive health, and improved quality of and access to health care services and information at three levels of the health system – central MOH, Health Directorate (hospitals and primary health facilities), and the community.

This project will be a single 5 year award which includes two distinct yet closely linked and overlapping phases that uses an integrated (holistic) systems approach on strengthening and expanding quality of and access to public sector health care services and information at central MOH, Health Directorate (hospitals and primary health centers) and the community levels.

Activities and interventions under the HSS II project are based on historical experience, lessons learned, GOJ strategies and priorities, and pragmatic decisions for the future to continue to be implemented in a holistic, integrated approach to health systems strengthening and expansion[(4)]. Continuing to support these on-going interventions and systems is important to both the MOH and USAID.

([4]) For the purposes of this SOW, "health system" is defined holistically to include the existing planning, management and oversight systems at national and sub-national levels; governorate level service delivery facilities, plus the supervisory and referral systems to support them; local NGOs; commercial and other private sector health care providers; and community level organizations prepared to help educate, mobilize and serve the needs of health-seeking clients at the grassroots level.

Phase 1, the FY08 Supplemental Assistance Funds,[(5)] will begin as soon as the award is made on/about mid-2009 and is intended for specific emergency room and obstetric/neonatal department upgrading. The Supplemental Funds will be utilized to improve selected MOH hospital departments in areas with high concentrations of Iraqi populations, especially the poor and underserved women and children. The three catchment areas include two in East Amman (Al-Bashir and Jamil Tutanji hospital) and one in Zarqa (Prince Faisal hospital). These funds will serve both Iraqi and Jordanian populations in both the short and longer-term. Phase 1 is expected to last for the first 18 months of project implementation.

Phase 2 of the project consists of a set of priority health system strengthening interventions aimed at improving service delivery which will build upon and expand the foundations laid by the HSS Project from 2004 – 2010. In order to ensure a smooth transition from HSS which ends in March 2010 to the HSS II, it is planned that activities under Phase 2 will begin in January 2010.

While a variety of interventions and systems have been introduced over the last few years, if new options are proposed they should be carefully considered in regard to the provision of services, local conditions, effort involved, the effect on patient/client relations, cost effectiveness, and sustainability. Thus, the offeror(s) should carefully review the current program and may consider new approaches or more flexible and opportunistic interventions to help strengthen the health system and its attendant health information and service delivery mechanisms. It will be especially important for the offeror(s) to describe interventions and system approaches/strategies that are simple, sustainable, workable, amenable to changing course/alteration, and are situation-specific within the context of Jordan and that could be sustainable once USAID assistance ends a few years hence.

Under each objective a number of tasks and illustrative results specific to that objective are outlined in the detailed description section below. The offeror should further develop each task, describe how the offeror and/or its partners would implement them, and outline specific results for each. Then, using the key documents and websites listed in Attachment J.7, other key documents of your choosing, or your experience in Jordan to respond to this RFTOP.

Offerors should justify their approach of implementing and institutionalizing the interventions and systems and their specific tasks and/or deliverables to achieve the intended results by project end. While the interventions and systems outlined below must be included in the offeror's proposal, offerors are nonetheless encouraged to be innovative and creative in suggesting other alternatives to addressing the on-going interventions and systems within the context of Jordan. Specific tasks, deliverables, and expected results may be modified or refined both initially and annually as circumstances and/or budget availability require.

The contractor will be guided by Jordan's National Agenda; National Health Strategy; MOH's "Health Strategy – 2008 – 2012;" and the National Population Strategy and Reproductive Health Action Plan (RHAP) Stage 2 all of which stress the importance of a renewed emphasis on

([5]) FY 2008 Supplemental Assistance Funds received by USAID/Jordan a portion of which is allocated to health activities.

primary health care and the pressing issue of population growth over the next two decades. The MOH's Strategy states: "*By the year 2012 the MOH will provide health prevention and curative services, with greater focus on primary health care."* In Jordan's case this is the linkage/interface of essential services and information at the PHC level with the community. Over the last two years, the MOH has concentrated on a set of specific interventions at each of the three levels of the health system – *community*, *Health Directorate (hospitals and primary health facilities),* and *central* levels.

Under HSS II project, it will be mandatory that the selected contractor utilize:

1. The MOH's HMIS computer-based information systems rather than creating new ones. In coordination with the MOH, the contractor may need to refine and/or expand on existing systems, but may not fundamentally change them.

2. All HSS-produced Operational Planning Tools, Clinical Guidelines, Training Modules, Curricula and Manuals, and the Essential Services Package (see: HSS publications-Attachment J.7) rather than creating new ones. In close collaboration with the MOH, the contractor should assist with updating the Clinical Guidelines in Year 3 (2012) of the project.

3. HSS's "Comprehensive Assessment Reports and Schematic Designs" (October 2008) for the obstetric and neonatal units in MOH hospitals to be renovated and, if necessary, update them to ensure that space for registry of patients, counseling, and post-natal clinics (postnatal and post-miscarriage care) utilizing the old Comprehensive Postpartum (CPP) space are included.

4. HSS's Equipment Assessments of obstetric and neonatal department equipment needs as a baseline to develop equipment lists and to procure and install the equipment.

5. Ensure that all essential obstetric and neonatal department equipment be uncomplicated, durable, and easy for the staff to use and maintain.

6. Office furniture and equipment including vehicles purchased by the current HSS project.

C.4. DETAILED TECHNICAL REQUIREMENTS

The goal of HSS II is to strengthen, expand and institutionalize high quality health systems and improve quality of service delivery with special emphasis on maternal, child health and family planning in the public sector.

C.4.1 HSS II PROJECT PHASE 1[(6)]:

1. Improve quality of emergency and obstetric services in selected hospitals

Specific Objectives:

- Upgrade physical infrastructure, equip and furnish emergency rooms (ER) at three MOH hospitals (Al-Bashir, Jamil Tutanji and Prince Faisal hospitals).
- Improve capacity of staff working in emergency departments at the three subject hospitals
- Improve physical infrastructure, equip and furnish obstetric and neonatal departments at Al Bashir hospital.

Current Situation:

USAID/Jordan received FY 2008 Supplemental Assistance Funds to be allocated toward the strengthening of health systems through the provision of equipment, training, as well as the renovation of maternal, neonatal, and emergency room departments in MOH hospitals, particularly in areas with heavy concentrations of Iraqis. While the overwhelming majority of Iraqi families lack health insurance, they have been able to access services at local hospitals. Most Iraqis, however, utilize hospitals already coping with high patient loads stemming from Jordan's high population growth. Resources are needed to ensure that Jordan's hospitals are able to provide sustained, quality care to both Iraqis and Jordanians.

The physical condition of a hospital emergency room is an important element to ensuring the quality of emergency care provided and to meeting appropriate patient flow, safety of patients and staff, infection prevention and other international standards' requirements. The existing ER facilitates at Al-Bashir, Jamil Tutanji, and Prince Faisal hospitals do not comply with international architectural standards for quality health care practices. Moreover, these facilities have either non-code compliant design problems or are not appropriately maintained which can result in imminent risk of infection. Triage functions in these hospitals do not exist which puts an additional burden on ER staff in dealing with the huge number of daily emergency and non-emergency cases.

Except for Al-Bashir Hospital, emergency rooms in most MOH hospitals are staffed primarily by general practitioners (GPs) with a high turnover rate. These GPs have had no theoretical education or training in emergency medicine or services and essentially learn on the job. Thus, emergency medicine and emergency room services and skills are critically needed to improve the expertise of the staff and the quality and safety of services. The same is true for nurses who staff the ERs.

Over the last eight years, Al-Bashir's obstetric patient load has increased dramatically since its obstetric and neonatal departments treat both local residents and acts as a major referral hospital for the country. Annual patient loads in all of these departments is huge – e.g., 60,000 obstetric

(6) FY 2008 Supplemental Assistance Funds received by USAID/Jordan will be used for Phase 1.

cases and 20,000 deliveries in 2008 which translates into 164 obstetric cases and 55 deliveries per day.

As part of the overall assessment of Ministry of Health (MOH) and Royal Medical Services (RMS) hospitals conducted in 2005, HSS identified major code non-compliance issues in the obstetric and neonatal departments in Al-Bashir hospital. These issues (lack of space for essential functions, poor patient flow, infection control and others as identified in the assessment report) negatively affect proper utilization and better functionality of these departments. As a result, HSS developed proposed schematic architect/engineering designs to address these non-compliance issues and to improve the overall functionality and safety of the obstetric and neonatal departments in Al-Bashir hospital.

Tasks:

All tasks under phase 1 shall be completed within the first 18 months of signing the contract.

1. *Renovate, equip and furnish selected MOH hospital Emergency Rooms (ER) and train staff:*

   In close coordination with the MOH and USAID the following tasks shall be undertaken by the contractor:

   - Assess the current overall situation, problems, staff capacity, physical infrastructure, medical equipment and furniture to evaluate adequacy of the facility to provide quality emergency services and care, and compliance with international standards of the main ERs in Jamil Tutanji and Prince Faisal Hospitals. The assessment for Al Bashir Hospital will be limited to the needs for medical equipment, furniture and staff training.

   - Based on the assessment survey, establish a comprehensive development plan of the ERs for renovation works, essential medical equipment, furniture, and training of ER staff (physicians and nurses). The plan should take into consideration the specific needs of the ER units in the 2 hospitals (Jamil Tutanji and Prince Faisal) and should deal with the three components (physical upgrading, equipping/furnishing and staff training) as one coordinated package.

   - Develop detailed architect/engineering designs for renovation of the ERs in the Jamil Tutanji and Prince Faisal hospitals. These designs shall be fully coordinated with the established ER comprehensive development plan and should aim to improve functionality, infection control, and readiness to deal with emergency cases, all in accordance with the U.S. and international standards. In addition, the coordinated design drawings shall include detailed layouts and lists of essential equipment and furniture to be installed in the ERs.

   - Renovate and upgrade the ER departments in Jamil Tutanji and Prince Faisal hospital in accordance with the final developed plans. The contractor is expected to hire appropriate staff experienced in the fields of ER and hospital planning and design, project management, and construction quality control. The contractor is also expected to

subcontract required expertise in the field of ER planning and design, and construction services from qualified construction contractors. Finally, the contractor is expected to ensure that the renovation and expansion of ER facilities shall meet required technical needs and functional and infrastructural requirements, improve the physical appearance of the departments, ensure a more efficient and smoother flow of patients, and meet infection prevention requirements in compliance with international best practices and international standards.

- Based on the needs assessment for the main ERs of the three selected hospitals and the comprehensive ER development plan that has been coordinated and approved by USAID and MOH, the contractor shall develop a list of essential equipment and furniture including specifications, for the 3 main ERs -- Al-Bashir, Jamil Tutanji and Prince Faisal hospitals. The selected equipment, especially essential equipment, must be uncomplicated, durable, and easy for the staff to use and maintain. An illustrative list of ER equipment is attached. (See: Attachment J.4).

- Procure, deliver, install and commission the approved package of essential equipment and furniture for 3 hospital ERs. Staff should be trained on the use and maintenance of equipment.

- Based on the assessment of the availability, training, and capacity of MOH emergency room staff in the 3 ERs in Al-Bashir, Prince Faisal, and Jamil Tutanji hospitals, develop a Training Plan to provide required training of emergency room staff (doctors and nurses), provide the MOH with options on how to accomplish the training, and implement the training.

- Coordinate/collaborate with other USAID-funded health projects, especially the Jordan Healthcare Accreditation Project (JHAP) who is currently working on a number of activities/interventions directly related to emergency room/emergency services and accreditation standards.

2. *Renovate, equip and furnish the obstetric and neonatal departments in Al-Bashir Hospital, Amman:*

   In close coordination with the MOH and USAID the following tasks shall be undertaken by the contractor:

   - Review the schematic designs developed by HSS and conduct an assessment of the current conditions, layout, issues, equipment, and furniture needs of the obstetric and neonatal departments in Al Bashir hospital.

- Assess the condition of the Comprehensive Postpartum (CPP) [7] unit at Al-Bashir hospital. Develop a minor renovation design to address the CPP space and renovation needs.

- Assess the condition of the obstetric emergency room [8] and develop A&E designs for renovation.

- Finalize architect/engineering designs for the obstetric and neonatal departments including obstetric emergency room and the minor renovation of the CPP.

- Develop a list of essential equipment and furniture for the obstetric and neonatal departments at Al-Bashir hospital and develop specifications and equipment/furniture layouts.

- Based on the final approved designs, renovate the obstetric and neonatal departments including the obstetric emergency room and the CPP clinic at Al-Bashir hospital.

- Procure, install, and commission the equipment and furniture for the obstetric and neonatal departments at Al-Bashir hospital.

Deliverables:

Based on the assessments and official MOH-USAID approval of the comprehensive development plan, architect/engineering designs, complete the following:

1. Renovate and upgrade the main ER at Prince Faisal Hospital

2. Renovate and upgrade the main ER at Jamil Tutanji Hospital

3. A package of essential equipment and furniture for emergency room in Al-Bashir, Jamil Tutanji and Prince Faisal hospitals procured, delivered, installed and commissioned.

4. Emergency care training program for physicians and nurses in Al-Bashir, Jamil Tutanji, and Prince Faisal hospitals developed and implemented.

([7]) Comprehensive Post Partum Project (CPP) - (1996 – 2000) included 21 small centers co-located within MOH, RMS, Red Crescent, and Jordan University hospitals. At that time these hospitals provided almost 60% of the deliveries services in Jordan. The main objective of CPP was to reduce the fertility rate in Jordan by providing high quality family planning services – i.e., antenatal/postnatal care, newborn care, and family planning. All centers were renovated, furnished, equipped with USAID assistance. A computerized MIS and protocols and a quality assessment manual were developed and staff trained in their use. An IEC campaign was conducted to promote utilization of services and IEC materials were developed to improve client education. Community workers visited homes in the communities to educate women about modern contraceptive methods and to refer women for services.

([8]) The schematic designs for obstetric and neonatal departments at Al-Bashir hospital that were done by HSS do not include the obstetric emergency room.

5. Obstetric and neonatal departments at Al-Bashir hospital, including the obstetric emergency room located in the Obstetric and Pediatric Building, renovated according to international standards.

6. CPP Clinic renovated.

7. Revised and updated essential equipment and furniture lists and specifications for obstetric and neonatal departments at Al-Bashir hospital.

8. Equipment and furniture for obstetric and neonatal departments at Al-Bashir hospital procured and installed and maintenance plan for the equipment established.

9. A plan, system and tools for maintaining the equipment developed and functioning.

It is important that the contractor coordinate the obstetric and neonatal related activities with the Heath System Strengthening Project (HSS).

C.4.2 HSS II PROJECT PHASE 2:

1. Promote the principles and practice of knowledge management at the MOH

Specific Objectives:

1. Assist the MOH design and implement a knowledge management strategy to systematically utilize information systems tools and data for improving the efficiency and quality of health care.

2. Gradually develop a knowledge management culture within the MOH through strengthening of existing or development of new HMIS systems where data/information is systematically used for better decision-making.

3. Build the capacity of the MOH Performance Assessment Department to be able to facilitate the integration of organizational values that encourage good performance and lead to the consistent practice of performance assessment.

Current Situation:

Currently, health management information systems at the MOH collect a large amount of information at both hospital and PHC levels, both for health care and administrative needs. However, this information is underutilized mainly due to incomplete computerization, limited access to the computerized systems and absence of well developed data culture within the MOH where the importance of using information for better decision-making is not well understood or appreciated.

USAID has been supporting the MOH develop, implement and systematically utilize modern information systems and tools for improving the efficiency and quality of health care. Specifically, the MOH is strengthening a variety of systems/tools for improving management efficiency of sustainable health care with the following health management information systems:

i. General Practice Information Systems (ICPC-2 and Old GP):
The ICPC-2 based system provides inputs for more rational planning and for a better distribution of resources based on actual demand. Production trends are easily monitored and compared among HCs of a HD and among HDs. The system will allow visits to be classified in terms of meaningful diagnoses, symptoms and procedures, suitable for better monitoring of health interventions. The system is currently being introduced in 50 sentinel sites and uses bar-coding to overcome the limited information technology culture at the health center level. This system is not well institutionalized as it lacks data owner at the central level. The ICPC-2 is expected to continue in follow-on project as a sentinel system.

The old GP Information System is a complete surveillance system that collects basic data on age, sex, insurance and the 17 categories of illnesses according to ICD system from all health centers of the MOH. No disease specific data is collected. This system is well institutionalized at the MOH and needs no further interventions.

ii. Maternal and Child Health (MCH) Information System:
This system provides management indicators and periodic reports readily available for each HC. Linking the FP data of the MCH system with the Logistics Information system provides a more complete picture of all family planning services provided at a HC, indicators by HC for measuring the health status of women and children, and the means to evaluate implementation of mandated norms. This system is partially institutionalized at the MOH in terms of data collection, data cleaning and entry of HC cumulative data at the HD level. The system is available on the MOH website (See Attachment J.7). Use of information for decision making is still in its early stages and needs a major focus from the HSS II project.

iii. FP Logistics Information System
This supply side system provides a complete picture of all family planning contraceptives and supplies provided through the MOH's Woman and Child Health Directorate. This system is well institutionalized at the MOH.

iv. Perinatal Information System with referral and appointment:
This system has been designed to deal with high risk pregnancies prepare the clinicians to deal with complications before the patient presents to the hospital for delivery since they have access to the patient's record and can review it prior to or upon receiving the patient. It also reduces unnecessary or duplicate tests since a patient's history of tests and results are available when the patient presents at the hospital and medical errors can be reduced with access to the patient's information at hospital and outpatient clinics. Data collection for the perinatal system has just started in some hospitals. Institutionalization will need to take place under the HSS II project.

v. Geographic Information System (GIS**):**
GIS maps a group of service delivery units from both public and NGO/private sectors within a specific geographic area that work in coordination and share resources to provide the best possible health care to the community with its active participation. Based on this initial concept of geographically mapping health facilities, the community resources has evolved into a web-based tool for mapping and identifying community health care resources. The system provides updated information on government and non-government services that address social, economic, and personal factors which affect health. The system is available on the MOH website (See Attachment J.7). The GIS system is not yet well utilized and updating data is considered an issue for future institutionalization. This system requires special focus under the follow-on project.

While the Quality Improvement (QI) Information System is an essential part of the overall HMIS system, it should be noted that this system is not yet fully computerized and not functioning well. The QI system is intended to provide performance of each HC that can be reviewed regularly according to a standardized set of indicators and to monitor the accreditation process. This system also helps in the development of annual work plans for improving the performance of a HC. The QI system needs special attention under the HSS II project in terms of improving the current QI management information system and computerization.

USAID originally assisted the MOH introduce Performance Assessment (PA) to facilitate the integration of an organizational culture which values and encourages good performance and leads to the consistent practice of systematic performance assessments of individuals and organizational units/departments. The significance of performance assessment for MOH is that it is a valuable tool for identifying areas for health systems strengthening. It is a tool that can be used to evaluate the effectiveness and efficiency of health care functions. It offers feedback to planners and decision makers by providing information about where improvements are needed. Therefore, the purpose of performance assessment is to evaluate the actual process of managing and delivering essential services by examining key functions; namely stewardship, financing and service delivery.

To-date, USAID has supported the MOH to conduct a Gap Analysis Survey, develop the framework and methodology for PA, implement the first two cycles of PA. Recently the MOH created a PA department to oversee this process. While it is expected that the use of PA will gradually improve the ability of the MOH to use performance data in assessing and improving its progress and advocate policy changes for making progress, to-date PA-generated information is still not used for policy development or decision making which is mainly due to the lack of a monitoring and evaluation culture at all levels of the MOH.

Knowledge management appeared as an essential element of the recently developed MOH strategy. Introduction and subsequent operationalization of the concept of knowledge management has not yet started at the MOH.

Tasks:

The contractor in coordination with the MOH shall:

1. Perform a general assessment of the current MOH organizational culture, content, processes and technologies necessary to support Knowledge Management during the first 3 months of project's phase 2 implementation.

2. Assist the MOH develop a comprehensive "Knowledge Management" plan which includes a precise definition and application of KM, appropriate technical assistance, mechanisms for contracting-out for other requisite needs, and clear impact indicators to measure results. The plan must describe the process of identifying, creating, storing, sharing and using the knowledge.

3. Assist the MOH implement a focused and understandable "Knowledge Management system which links KM with the current health management information systems. The contractor shall assist the MOH develop processes of organizational and individual learning which will generate and assist in disseminating knowledge and information taking into consideration the MOH master training plan.

4. Work in conjunction with the MOH's Information Technology Department and data owners **(9)** of ICPC2-GP, MCH, perinatal and GIS information systems **(10)** to institutionalize these systems within the MOH structure. Special emphasis shall be given to quality control of the collected data and information generated.

5. Assist the MOH revise the current Quality Improvement information system and develop and implement a simple electronic system to collect reliable and valid data from Health Directorates (primary health care centers) and to generate, share information and monitor performance.

6. Help the MOH to develop a positive culture and normative behavior which emphasizes the importance of understanding and sharing knowledge and information. MOH stakeholders should must actively demand and utilize KM/HMIS information for routine data-for-decision making. This includes: (a) improved technical and management capabilities; and (b) improved and institutionalized GP, MCH, Perinatal, GIS, and QI systems.

7. Work with the MOH to improve its website to serve as a central point for sharing electronic knowledge and information by linking with staff at all levels and with communities to enable them to learn from documented experiences.

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(9) Currently not all systems have MOH data owners and the contractor needs to work closely with the MOH to ensure the availability of competent data owners for all systems early on in project implementation.

(10) The contractor should be aware that the Royal Court is planning a 7-year World "Vista Project" which aims to computerize/connect (IT) all MOH hospitals and Health Centers in Jordan. The MOH is currently piloting a hospital information system as a first stage of this project. Any follow-on work regarding KM and HMIS systems may need to be compatible with any new national hospital-level system.

8. Provide selected technical assistance to the MOH's Performance Assessment Department to institutionalize the PA process and promote evidence-based policy actions within the MOH; and help ensure MOH stakeholders to actively demand and utilize performance assessment information for enacting policies and decision making.

9. Assist the MOH update the current PA methodology to conform to its 2008 - 2012 Strategy and conduct at least two assessment cycles, including additional critical key indicators.

10. Help incorporate policy dialogue as part of the MOH's performance assessment improvement process and integrate the performance data into the routine processes of policy and decision making.

Results:

- Health information systems collect reliable and valid data and generate simple and understandable information for providers and decision makers at all levels.

- MOH staff at the central, Health Directorate, hospital and health center levels have documented use of information generated by various health information systems for decision making and quality improvement of services.

- The Performance Assessment system is institutionalized at the MOH so that the use of PA will improve the ability of the MOH to use performance data in assessing and improving its progress and advocate policy changes for making progress.

2. <u>Improve quality of care at primary health care level</u>

Specific Objectives:

1. Improve the quality of and access to primary health care services through the consistent application of: (1) a well-defined and standardized package of essential health care interventions (Essential Services Package of services and information) that is important to serving client needs and improving health care outcomes; (2) operational planning; (3) supervision and monitoring; (4) system for referrals and appointments; (5) accreditation of primary health care facilities; (6) medical records; and (7) other necessary interventions.

2. Assist the MOH continue to build the capacity of staff at central, Health Directorate and health center levels

3. Assist the MOH further develop the interface that links the Health Directorate (hospitals and health centers) with local communities.

Current Situation:

USAID has been supporting interventions and activities related to quality improvement at the primary health care level for a number of years. The aim of these interventions has been to develop and apply a standardized client- or family-centered model of health care information and services linking the primary health center (PHC) with the community. Support to the MOH has included the development of an Essential Services Package, [(11)] primary health care accreditation, operational planning, supervision and monitoring, and a referral and appointment system at the Health Directorate level. Quality Councils, in coordination with the central level, have led these efforts since the councils constitute the management nucleus responsible for overseeing different activities implemented in a HD.

A functional quality improvement approach is intended to build the capacity of Health Directorates and health centers to achieve compliance with accreditation standards for quality and patient safety. Quality improvement efforts to-date have focused on support for essential primary health center services, including expanded services for women and children with emphasis on family planning/reproductive health, management of chronic diseases, early identification of common diseases and developing systems for effective client management within and between service levels. Health Directorate and health center staffs are being trained in Operational Planning, management training, supervision, and the selection of service statistics/indicators to monitor changes in the quantity and quality of day-to-day services

The MOH, with USAID support, has over the last few years worked at developing different packages of essential services for primary health care centers in Jordan. The aim of this activity has been to define the scope and contents of primary health care services at health centers. Once identified, these services would form the basis for the development of mechanisms and tools to deliver the services more effectively in order to improve the quality of and access to such services and to minimize missed opportunities. ESP was developed with the MOH over the three years, but has only recently been introduced at the HD level. To-date it has been introduced in nine of twelve Health Directorates while the remaining three will be covered during the 2009 calendar year. Supervision and monitoring of the introduction and implementation of ESP is still in its early stages and is not expected to be institutionalized in the near term. Since ESP is still a new concept and is not yet functioning particularly well, efforts need to be continued to implement and monitor this important system in order to ensure its long-term viability.

Over the last three years the MOH, with support from USAID, has developed and introduced a Primary Health Care Accreditation system for managing the quality of services offered at primary health centers. This set of accreditation standards is built on the foundation of the current Quality Improvement and Rewards systems. The MOH has worked on building capacity at the central and Health Directorate levels to be able to conduct regular field assessments in terms of compliance with a selection of primary health care standards. A recognition and award system has also been established. Through a performance improvement review the MOH awards plaques to health centers after meeting certain quality inputs such as infrastructural

([11]) ESP is defined as a prioritized set of preventive and curative health care interventions delivered together as a "package" (one-stop shopping) or in sub-sets to improve specific health outcomes of the targeted population. Costing is not part of the current ESP and there are no plans to cost ESP in the future.

improvements and training. The plaque has space for five gold stars that are awarded after complying with 20%, 40%, 60%, 80% and 100% of primary health care accreditation standards for first, second, third, fourth and fifth star respectively. To-date, 283 primary health care centers have been awarded the quality plaque. However, only 21 out of 541 health care centers have been awarded their 1st star. The Star Award system that prepares primary health centers for formal accreditation by the Health Care Accreditation Council (HCAC) [12] is still at the very early stages.

Since referrals at MOH facilities are not currently tracked and feedback information on referrals is not available to health care providers, the MOH with assistance from USAID, has been supporting the development of an integrated referral and appointment system. This system, which emphasizes the appropriate referral of normal and high risk pregnancies, would refer clients from primary health care and maternal and child health centers to comprehensive health care centers and to hospitals. To-date the new referral and appointment system has been piloted in two small Health Directorates to test the process in a practical setting to ensure that the procedures that have been developed are able to function within the current MOH health system. The pilot showed promising results and this system is being accepted by mangers, providers, administrative staff and clients. The pilot revealed several constraints related to hospital client management with many patients bypassing the referral system and leading to persistent overcrowding, lack of medical records at primary health care level, and inadequate communication infrastructure in terms of availability of phone lines to serve the appointment system.

The medical records are in complete disarray as they are fragmented and unreliable across all levels of the system. They are in such disarray that even within the same HD different primary health centers are using different medical records. This system needs major attention in the future. A new medical record has recently been introduced by the MOH's Quality Improvement Directorate in 21 health centers that participate in the accreditation process.

Operational planning, supervision and monitoring tools and manuals were developed and are expected to be introduced in all the 12 health directorates by the end of 2009. The current operational plans have been used as a management tool to address critical activities in the primary health care delivery system and are monitored through a set of universal service delivery indicators namely; proportion of antenatal clients returning for postnatal care, prevalence of anemia among pregnant women, proportion of antenatal clients tested for anemia, proportion of IUDs inserted by midwives, proportion of controlled patients with diabetes mellitus, proportion of controlled patients with hypertension, proportion of children less than 1 tested for anemia and prevalence of anemia among children less that one.

Supportive supervision tools were developed and primary health care and MCH supervisors have been trained. As of yet, operational plans are not linked to budgets simply because the budgeting process remains centralized at MOH HQ. Such continuing centralization hinders the planning and implementation process. The implementation of supervision and monitoring to ensure the

(12) HCAC is Jordan's national health care accreditation body that works closely with the USAID funded Jordan Health Care Accreditation Project.

proper execution of activities and the collection of valid and reliable indicators is still in its early stages. This process requires a change of the current MOH organizational culture pertaining to data collection and utilization.

Tasks:

The contractor in coordination with the MOH shall:

1. As part of the overall Quality Improvement system, it is mandatory that the contractor utilize the current MOH systems and continue to implement, strengthen and expand them focusing on the HD level, in coordination with the central level.

2. In close collaboration with the MOH's Quality Improvement and Health Directorates, the contractor shall clearly define quality improvement and its elements; develop a QI strategy, including monitoring and impact evaluation indicators; and then redesign this component as a more holistic approach to quality improvement.

3. Continue to assist the MOH implement, monitor and periodically review/update the current Essential Services Package system so that it becomes the accepted heath care delivery approach and is fully functional to deliver primary health care services and information at all primary and comprehensive health care centers in the 12 HDs. Since ESP is such a fundamental focus of the GOJ to strengthen primary health care, USAID and the contractor should request that the MOH establish a central department, appropriately staffed, to be responsible for the oversight and management of this important intervention.

4. Complete a sustainable process for continuously improving the provision of primary health care that will be monitored by a MOH-implemented and operated accreditation system. In close coordination with the MOH, the Jordan Healthcare Accreditation Project (JHAP) and the Healthcare Accreditation Council, build the technical and institutional capacity of the MOH's Quality and Health Directorates to manage interventions to ensure effective compliance with PHC accreditation standards and prepare health centers for formal accreditation. Accreditation standards have to be revised and updated on a regular basis as required by international accrediting organizations.

5. Assist the MOH to revise/update and implement an integrated referral and appointment system from primary health care and maternal and child health centers to comprehensive health care centers and to hospitals for the 12 HDs. This system emphasizes the appropriate referral of normal and high risk pregnancies between health centers and MOH hospitals.

6. Review the MOH's current medical records system at primary health care level and assist the MOH design a simple and unified medical record that will be utilized in all Health Directorates.

7. Assist the MOH to develop and implement operational plans at the HD level that cover all important activities and are not limited to project interventions. Operational planning should enable HDs to be more aware of health problems, establish realistic goals, improve

effectiveness and efficiency, mobilize community resources, mobilize other resources, monitor progress, generate reports, and foster an information-based decision making. Operational plans should emphasize activities at the community level and should serve the interface of linking the communities with local health centers and HDs. The contractor should be aware that currently HDs do not have their own budgets; thus their plans have to fit within available centrally developed budgets.

8. Assist the MOH to establish and institutionalize a functional and robust supportive supervision and monitoring system at central and HD levels so that supervision and monitoring become a process of guiding, helping and encouraging staff to improve their performance in a team approach and to meet clearly defined standards of performance. Accomplishing this crosscutting component is considered a key for success of all other components under this task and should be given the highest priority.

9. Assist the MOH in improving the capacity of staff at the central, HD and health center levels in the areas of health care accreditation, operational planning and monitoring with special emphasis on facilitative supervision, referral and appointment system, setting standards to improve services, defining and utilizing indicators for measuring and monitoring achievements. Capacity building should be provided for implementing and monitoring the ESP and all related clinical and management training. Clinical training for ESP covers family planning and reproductive health, maternal and child health as well as chronic diseases and other leading causes of morbidity. Integrated management of childhood illnesses (IMCI) should serve as the basis for training in child health.

Results

- 200 health centers are fully prepared for formal accreditation and receiving five stars through the current Reward and Recognition system and at least 25% of the 200 health centers are formally accredited by the end of this task order.

- A functioning referral and appointment system in all 12 HDs with major improvements in the reduction of crowding (patient flow), increased provider-client encounter time, and increased patient-provider satisfaction at specialty clinics in comprehensive health care centers and hospitals.

- Operational planning, supervision and monitoring systems are functioning in all health directorates with documented improvements in health care delivery. Increased prevalence of modern contraceptive use, decreased prevalence of method specific discontinuation rates, increased proportion of patients with controlled chronic illnesses such as diabetes and hypertension with clear validation methodology and documentation are illustrative examples of improvement in provision of service delivery.

3. <u>Improve quality of safe motherhood services at hospital level</u>:

Specific Objectives:

1. Improve the quality of and access to comprehensive essential obstetric care (CEOC) and neonatal care (NNC) at MOH and RMS hospitals through improvements in the physical environment, provision of essential medical equipment and furniture, and capacity building interventions for health care providers.

2. Respond more effectively to the challenge posed by the Millennium Development Goals which define concrete global targets for reducing maternal and child mortality.

Current Situation:

Over the last four years and in response to addressing the issue of maternal and neonatal morbidity and mortality in Jordan, USAID has been assisting the MOH and RMS adopt strategies and interventions to improve the quality of and access to comprehensive essential obstetric (CEOC) and neonatal care (NNC) services at the hospital level by:

- Building training capacity at MOH and RMS hospitals to provide high quality obstetric and neonatal care at hospital level.

- Developing, in collaboration with the MOH/RMS task force, standards of services in obstetric and neonatal departments.

- Developing supervision and monitoring system to assume the responsibility of following up on the implementation of high quality obstetric and neonatal care interventions and services.

- Renovation of infrastructure (physical plant).

- Providing a standard list of essential medical equipment and furniture.

The significance of CEOC and NNC is that MOH/RMS hospitals will have competent and skilled obstetric care providers using a standardized set of national guidelines and interventions (Clinical Guidelines) to provide quality services to improve the health and survival of pregnant women and newborns.

With USAID support, by the end of 2009, the obstetric departments in 11 hospitals (9 MOH and 2 RMS) will have successfully been renovated. A list of life saving medical equipment was provided to all obstetric and neonatal departments in 30 hospitals (23 MOH and 7 RMS). Furniture was provided to only 6 of the 11 renovated hospitals. As an equity issue, the MOH would like to renovate and furnish the obstetric and neonatal units in the remaining MOH and RMS priority hospitals. Furthermore, ongoing field visits and assessments revealed the need for more lifesaving medical equipment for MOH hospitals.

Capacity building was provided to physicians, nurses and midwives in all MOH and RMS hospitals using the recently developed Training Guidelines and Curricula. The process was largely limited to classroom training. Supervision and monitoring of safe motherhood interventions have been initiated in 16 hospitals through safe motherhood committees. Training on data collection and utilization of the Perinatal Information System has just been introduced in some hospitals.

Tasks:

The contractor in coordination with the MOH and RMS shall:

1. Design a Mother-Newborn Package and identify priority activities with clear assignment of responsibilities with counterparts responsible for implementation.

2. Upgrade physical infrastructure, and provide medical equipment and furniture in a priority list of MOH and RMS hospitals according to accepted international standards to ensure that obstetric and neonatal departments function properly and lead to improvements in service delivery, including infection prevention. (Note: The required renovation, equipping and furnishing of facilities is addressed under the "Renovation and Equipment" section below).

3. Assist the MOH and RMS to provide comprehensive postpartum/post miscarriage care at the hospital level, including appropriate counseling and the provision of family planning information and services. Efforts directed at promoting and supporting early and exclusive breast-feeding should start immediately after delivery at the hospital level.

4. Develop human resources for safe motherhood at the hospital level, through in-service, skills-based training, while ensuring that initial training is carried out effectively by the MOH and RMS trainers according to the current Clinical Guidelines, Manuals, and Training Curricula. Priority should be given to the development of midwifery and nursing skills to provide maternal and neonatal care and to respond to obstetric and neonatal emergencies. Capacity building of counselors at hospitals is crucial to the provision of comprehensive postpartum/ post-miscarriage care.

5. Ensure a continuum of care linked with an effective referral and appointment system between primary health care centers and hospitals for normal and high risk pregnancies.

6. Work closely with the community health component to develop information, education and communication strategies, interventions, and activities which would enable women and their families to recognize complications and to encourage health-promoting behaviors before, as well as during and after, pregnancy and delivery. Linkages between the community and health centers also need to be developed to serve in bringing needed information, advice and services to the target populations.

7. Ensure that staff performance is supportively supervised and closely monitored to improve the effectiveness of various safe motherhood interventions. Information/data from the perinatal and supervision monitoring systems should serve as the basis upon which to

establish regular monitoring and feedback in order to ensure that safe motherhood interventions are meeting their targets and objectives. The current Safe Motherhood Committees in hospitals have to be translated into an institutionalized system. This system must be able to track and act upon maternal and neonatal deaths in all public hospitals. Furthermore, the system should be able to monitor and improve outcomes of important maternal and neonatal morbidities such as pregnancy induced hypertension, eclampsia, hemorrhage, puerperal or post-miscarriage sepsis, prolonged obstructed labor, anemia, neonatal asphyxia, sepsis and hypothermia. The system should also be able to capture counseling and provision of family planning methods in public hospitals.

Results:

- Documented improvements in maternal and neonatal mortality and morbidity at public sector hospitals (MOH/RMS) in concordance with the Millennium Development Goals.

- Postpartum/post-miscarriage care including counseling and provision of family planning methods is institutionalized in MOH hospitals.

4. <u>Improve quality of and increase access to family planning/reproductive health services</u>

Specific Objectives:

1. Assist the MOH to design and implement strategies, interventions, and activities leading to longer birth intervals, increased modern contraceptive method use, decreased discontinuation rates and a reduction in the proportion of unwanted births.

2. Ensure that a comprehensive and standardized package of family planning/reproductive health (FP/RH) services and information is available at all hospitals, MCH and PHC centers.

3. Assist the MOH increase access to modern family planning methods, and facilitate the shift from traditional to modern method use.

4. Assist the MOH minimize missed opportunities and ensure that FP/RH services and information are made available at every stage of the birth interval and at each point of contact with women of reproductive age.

5. Assist the MOH change provider bias, particularly with respect to the provision of hormonal and long-term methods, the provision of services to low parity women, and appropriate health and life-style information to adolescents and about to be married couples.

Current Situation:

Jordan has made progress in family planning and reproductive health over the last 10 years as data indicate. Yet many challenges remain. Despite the GOJ's commitment and past progress, data from the 2007 DHS dramatically highlights the urgency to redouble policy and program efforts to address population growth. The survey shows that fertility has remained high, with an

insignificant decline from 3.7 in 2002 to 3.6 in 2007. Jordan's contraceptive prevalence rate (CPR) remains relatively low at 57.1 percent, an indicator that has not changed appreciably since 2002, when it was 56 percent. With an unmet need for family planning of 12 percent and a 44 percent first year discontinuation rate for contraceptive use – a replacement fertility rate of 2.1by 2025 represents a daunting goal.

The attitude of service providers, particularly with respect to the provision of hormonal and long term contraceptive methods, continues to be an impediment to family planning acceptance. A recent survey conducted by the Private Sector Project for Women's Health revealed that many doctors continue to report counseling practices that contradicts with evidence based medicine Many continue to prescribe traditional methods to women who should be considered eligible for modern methods (such as nulliparous and women with one child who wish to delay pregnancy). Interventions aimed at promoting positive provider behavior towards providing family planning services and information within a supportive environment need to be strengthened.

As stated in the *Challenges to the Health Sector* section, a number of missed opportunities for family planning exist in the health care system. Opportunities include antenatal and postnatal visits, pre-marital exams, and regular visits to service providers. It is important to make FP/RH information and services available at each point of contact and every stage of the birth interval. Data from a 2008 study carried out by HSS show that among non-FP users who visited an MOH primary health facility 67% did not receive any information about family planning. Post Partum women and women who have spontaneous abortions (miscarriage) represent a major missed opportunity. Almost 99 % of women in Jordan give birth in a medical facility setting. However, only small proportion receive information about family planning post partum.

Since its award, the current HSS project has focused on improving the technical competencies of service providers at the primary health care and hospital levels and the development and expansion of service delivery related systems. Large numbers of service providers have received both didactic and clinic skills training in advanced methods of family planning, IUD insertion, infection prevention, as well as counseling and interpersonal communication. In spite of these efforts, the quality and utilization of family planning counseling remain major challenges.

Renewed and urgent efforts are needed to expand the quality of and access to family planning/reproductive health services and information, especially in poor under-served areas. A set of integrated and interdependent interventions are required under the follow on project at all levels of the health system, but particularly at the primary health center – community interface that will help address these issues.

It is critical that family planning/reproductive health is addressed as a cross-cutting intervention that is fully integrated within <u>all</u> the components of the HSS II project.

Tasks:

The contractor in coordination with the MOH shall:

1. Assist the MOH to facilitate a shift from traditional to modern methods and increase the availability of long-acting reversible contraceptives while ensuring the availability of a standard set of all available modern contraceptive methods at the primary health center level [13].

2. Using the guidelines and manuals developed by HSS with USAID assistance, assist the MOH to strengthen the capacity of health service providers to expand FP/RH services at primary health centers and hospitals. The contractor shall continue the training of female physicians and midwives on IUD insertion, especially in rural and remote areas.

3. Assist the MOH to strengthen the MCH supervision system as part of the quality improvement at primary health care described above to help ensure that service providers abide by official clinical guidelines and that clients receive family planning services and information that meet their needs.

4. Assist the MOH to strengthen FP/RH counseling by updating the counseling curriculum, training service providers in counseling and interpersonal communication, and by strengthening the capacity of MCH supervisors to monitor the quality of counseling. Since family planning information is not normally provided to clients, it may be necessary to redefine service providers' job responsibilities to include counseling for FP/RH. The FP/RH counseling component of the ESP also needs to be strengthened.

5. Assist the MOH to address providers' biases by developing clear operational policies and guidelines for the provision of specific methods of contraception and train service providers in the use of these guidelines. At the same time the contractor will be helping to build effective MCH supervision to ensure that providers are providing family planning services according to eligibility requirements, and working with other USAID projects, to develop briefs and other educational materials for physicians with factual information on hormonal contraceptive methods.

6. Provide technical assistance to institutionalize the RH/FP service delivery and counseling curriculum in medical, pharmacy, nursing and/or OB/Gyn and family medicine residence programs.

7. Assist the MOH and communities with community-level health promotion interventions, including family planning/reproductive health, as a cross-cutting health priority to help ensure that clients are provided with a broad range of information (i.e., proper birth spacing, appropriate use of modern contraceptive methods, side effects, effective breast feeding, and related issues). Health promotion interventions should promote the development of community and service delivery partnerships; provide education about available family planning/reproductive services and information; and strongly promote appropriate health care

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[13] The Jordan program relies heavily on one method, the IUD (22%) and to a lesser extent, the combined oral pill (8%). Having a broad range of methods available is a key element of quality family planning services and raises the overall level of contraceptive choice. The less effective traditional methods constitute 15% of current use in Jordan.

seeking behaviors and the practice of healthy life-styles. The contractor will need to coordinate community activities with other USAID-funded partners on community level behavior change communication activities.

8. Assist the MOH with improving post-partum/post-miscarriage care [(14)] as part of safe motherhood interventions at all MOH hospitals by:

    - Providing on-site [(15)] family planning counseling to post-partum and post miscarriage clients in the hospital obstetric departments prior to discharge;
    - Ensuring the on-site availability of all available modern contraceptive methods, with emphasis on long-acting reversible contraceptives;
    - Building the capacity of hospital service providers and all newly hired providers in family planning counseling and interpersonal communication skills;
    - Developing/updating service delivery guidelines, patient education materials and provider job aides;
    - Ensuring that semi-private space is available for counseling in the obstetric wards and storage space for contraceptives and other supplies; and
    - Establishing strong functional linkages and internal referral mechanisms between curative care services and family planning services within the clinic or facility.

9. In coordination with the Higher Population Council and through evidence based advocacy and policy dialogue, assist the MOH to create a special focus of attention and responsibility [for family planning to maximize benefit from the assistance offered herein.

Results:

– (Contribute to) increased use of modern family planning methods, a shift from traditional to modern method usage, and decreased total fertility and discontinuation rates.

– A more comprehensive client-centered ESP that enables services providers to expand their services and provides clients and communities with better quality family planning information and services.

– Health care providers are counseling and motivating women to use long-term contraceptive methods and to minimize discontinuation.

([14]) An October 2008 hospital-based survey conducted by HSS in 12 MOH hospitals revealed that during 2007 miscarriage cases constituted the second most frequent cause of admission to obstetric departments in MOH hospitals in Jordan. However, none of these hospitals currently provide family planning services for clients in the immediate post-abortion period. Most of the hospitals reported a lack of space to store or manage family planning commodities; absence of clinical protocols and/or guidelines for post-abortion care services, a lack of information, education and communication (IEC) materials to inform clients on various contraceptive methods; and no referral mechanism between hospital Ob/Gyn departments and family planning clinics for post-abortion care services.

([15]) Evaluation of PAC programs worldwide show that provision of family planning counseling and services on-site is much more effective than referral to an external clinic.

- Family planning services are offered to post-partum and post-miscarriage women at MOH hospitals.

- Number of PHC and MCH centers providing a FP service is increased with emphasis on poor and underserved areas.

- A functional FP supervision and monitoring system at central and health directorate (health centers and hospitals) levels that will help ensure proper counseling, the provision of contraceptive information and methods, and the effective follow up of clients.

- Strengthened management and planning capacity of HDs, so that operational plans take into account factors related to population growth and family planning issues

- Community level health promotion plans and interventions developed and implemented for clients and surrounding communities that include family planning and be synergized with community mobilization activities whenever Community Health Committees exist in the health centers' catchment area.

5. Improve community health

Specific Objectives:

1. Mobilize local communities to be able to respond to priority health needs using the community action cycle approach.

2. Develop and strengthen shared responsibility between health service providers and communities and help define, improve and monitor quality of care from the joint perspectives of community members and health providers at the HD level (hospitals and health centers).

Current Situation:

Approximately 50% of the Jordanian population relies on primary health centers/clinics for outpatient services and the MOH remains the main and sometimes sole source of health services for populations living in remote areas and for the lower income groups. Given the current social, demographic and economic pressures, the role of the primary health care system is vital in sustaining and advancing the health gains of the last two decades. Thus, a major intervention and important focus into the future is strengthening and expanding the linkage/interface between the community and the primary health center.

USAID has assisted the MOH to develop and implement a community mobilization model which is a set of integrated interventions to improve the quality of and expand access to primary health care services throughout the country.

The model is designed to foster a partnership of interdependency between health care services and the community. In selected geographic areas, specifically catchment areas surrounding a PHC, the model helps empower communities to ensure that they become active participants in

the health system and play a role in both managing their own health and utilizing the system effectively and responsibly through appropriate health seeking behavior.

The Community Health program approaches include:

- Capacity building of staff at the central, HD and Community Health Committee (CHC) levels;

- Establishing Community Health Committees: a group of 9 – 15 local community leaders/members representing various sectors operating in the region; governmental, public, private and individuals;

- Designing and implementing health promotion activities and interventions: assisting the Health Promotion Supervisors at the HD level to assume the technical capacity to develop, monitor and appraise health promotion plans at the health center level;

- Implementing the Community Action Cycle (CAC): a methodology to help communities to identify health related problems and issues and to devise solutions to address these health issues;

- Identifying and linking community resources to health centers such as networking to encourage public and private resources to invest in community health programs;

- Empowering communities to address the determinants of health through community mobilization (establishing/strengthening community health committees at HD and CHC levels), and networking;

- Developing, implementing and documenting community health initiatives/ interventions, which are aimed at achieving appropriate behavior change;

- Developing supportive tools and instruments to ensure proper implementation and continuation of interventions. Tools include: Guidelines for Mobilizing the Community in the Area of Health; the Community Resource Geographic Information System (CR-GIS); Health Committee assessment; Community Action Cycle training curricula; planning, monitoring, reporting, assessment, and supervision tools; guidelines for designing and implementing interventions; Training curricula.

To date the Community Health program has introduced/implemented a health promotion program in 11 HD and 200 health centers. Only 24 Community Health Committees have been established. Capacity of these committees has been built, relevant guidelines produced, and supervision and reporting tools have been developed and introduced.

Tasks:

Working in all 12 HDs and in close cooperation with the MOH, the contractor shall:

1. Strengthen the existing capacity of MOH at central, health directorate and health center level to be able to institutionalize community health interventions.

2. Expand the creation of CHCs by implementing the Community Action Cycle approach in more areas with special emphasis on underserved populations and empowering communities to address the their determinants of health through community mobilization and networking.

3. Work closely with knowledge management, primary health care, safe motherhood, family planning and reproductive health to develop and implement community action plans that respond to priority needs with emphasis on family planning and safe motherhood activities. Assist the MOH and communities to develop, implement and document community health initiatives/ interventions which are aimed at achieving sustainable behavior change.

4. Help the MOH and communities design and implement health promotion interventions and activities aimed at fostering behavior change and the practice of healthy life-styles by assisting the Health Promotion Supervisors at the Health Directorate level to assume the technical capacity to develop, monitor and appraise health promotion plans at the health center level. Health promotion plans and community health committees should serve as the primary vehicle to introduce various interventions and systems to the local community, with special emphasis on ESP including IMCI, safe motherhood, and family planning/reproductive health.

5. Continue to support the Geographic Information System (GIS) to collect and update data on community resources and the use of generated information to help local communities and Health Directorates implement their action plans.

6. Revise, update and develop supportive tools and instruments to ensure proper implementation and continuation of interventions. Tools include, but not limited to: Guidelines for Mobilizing the Community in the Area of Health; the Community Resource Geographic Information System (CR-GIS); Health Committee assessment; Community Action Cycle training curricula; planning, monitoring, reporting, assessment, and supervision tools; guidelines for designing and implementing interventions as well as Training curricula.

Results:

- Community health committees are established and functioning in all 12 HDs with special emphasis on poor and underserved populations both in rural and urban areas.

- Information on the ESP, family planning, reproductive health, maternal, neonatal and child health are promoted at the community level.

- MOH has the capacity to regularly update the Community resource GIS and use the information for planning and implementation of interventions at the HD level.

6. Renovate, equip, furnish and maintain health facilities:

Specific Objectives:

1. Renovate, upgrade, equip and furnish according to international standards obstetric and neonatal departments and outpatient clinics at selected MOH and RMS hospitals.

2. Renovate, equip and furnish primary health care training centers.

3. Procure IT equipment to upgrade existing and/or establish new health information systems.

4. Assist the MOH develop an efficient and functional facility maintenance system.

5. Assist the MOH establish an effective IT equipment maintenance system.

Current Situation:

Despite the fact that the physical condition of many of the MOH and RMS hospitals may look satisfactory from the outset, many facilitates do not comply with international standards of good quality maternal and neonatal health care practices. Moreover, many facilities have either non-code compliant design problems or are not appropriately maintained.

The physical condition of a health facility is an important element to ensuring the quality of health care provided and to meeting infection prevention and other international standards' requirements. Under current USAID funded programs the physical condition (renovation, equipment, furniture) [(16)] of obstetric and neonatal departments and outpatient clinics in 11 (See Attachment J.5) hospitals will be improved by the end of 2009.

To-date, 3 regional primary health training centers have been renovated, equipped, and furnished. However, the geographic location of these centers does not facilitate convenient attendance of trainees coming from health directorates that are distant from the training centers. The best solution is to establish one training center for each health directorate.

Over the last four years, USAID has provided 30 MOH and RMS hospitals with a standard list of medical equipment identified as critical to the safety and quality of services provided to women and their babies in the obstetric and neonatal departments. Procured medical equipment included neonatal incubators, neonatal resuscitators, and delivery tables, operating tables, anesthesia machines, ultrasound machines, vital signs monitors, pulse oximeters and surgical instruments. Furthermore, IT equipment was provided to establish the perinatal information system at MOH hospitals. IT equipment was also provided to establish and strengthen other information systems such as the ICPC2 and MCH systems.

Infrastructural improvement including provision of medical equipment continues to be of major interest to the GOJ and, given the current economic situation, is increasingly requested of

(16) USAID provided renovated obstetric and neonatal departments with a standard package of furniture for only 6 MOH and RMS hospitals.

donors. Thus, the physical renovation of selected facilities (hospital departments and training centers), the provision of essential equipment and furnishings of these facilities, and the development of a maintenance plan remains a high priority within the MOH.

Due to past budget limitations, the quantity of equipment provided under the HSS project did not cover the actual needs for all thirty hospitals. Thus, USAID will continue to provide additional medical equipment to MOH and RMS hospitals as well as IT equipment to support the health management information systems. The selection of type and quantity of equipment to be provided and the distribution of such equipment shall be based on a detailed needs assessment for MOH and RMS hospitals.

Tasks:

a. *Renovation*

1. The contractor shall renovate obstetric and neonatal departments and the outpatient clinics in 10 priority hospitals (See Attachments J.5 and J.6). The renovation of hospitals must ensure improved physical appearance, smooth patient flow and compliance with medical standards within the available space at the hospital including meeting infection prevention requirements. The contractor shall utilize the schematic designs for obstetric and neonatal departments developed by the HSS project for these hospitals.

2. The contractor shall renovate 10 training centers -- 1 at central level and 9 at the HD level. This involves minor renovation but still needs to be based on an initial assessment and budget availability by the contractor.

b. *Equipment:*

3. In coordination with USAID and the MOH/RMS, the contractor shall conduct a medical equipment needs assessment of obstetric and neonatal departments at 30 MOH and RMS hospitals so that additional equipment can be provided to them (See Attachment J.4). Based on this assessment, they shall establish a customized list of equipment for all 30 hospitals based on priority, need, and workload; and then develop specifications and equipment/furniture layouts. It is vital that all essential obstetric and neonatal department equipment be uncomplicated, durable, and easy for the staff to use and maintain. Availability of spare parts and after sales services shall be guaranteed for all equipment. Finally, the contractor shall supply, install, and commission all equipment for the obstetric and neonatal departments at the selected hospitals and train staff.

4. The contractor shall also perform an assessment of IT equipment needs to be able to upgrade/establish MOH health management information systems required under Knowledge Management. In close coordination with the MOH's IT Department, the contractor shall develop a priority list and specifications based on the available budget and then supply, install, and commission this equipment in their target locations.

The contractor shall define and provide a standard list of equipment intended for the primary health care training centers to be renovated.

c. *Furniture*

5. The contractor shall conduct an assessment of the current conditions, layout, issues, and furniture needs of obstetric and neonatal departments in all 30 MOH and RMS hospitals as well as the 10 primary health care training centers. They shall develop a customized list of furniture for obstetric and neonatal departments for priority MOH and RMS hospitals and training centers; and procure and install the furniture in these departments and training centers according to the established priority list.

d. *Maintenance:*

6. The contractor shall assess the current MOH maintenance system for facilities and equipment. Once assessed, assist the MOH improve the technical and managerial capabilities of staff and establish/institutionalize a functional maintenance system and related tools in terms of training, procedures and records. This should be done by developing a management system within the relevant central MOH and HDs that would allow for a continuum of related renovation work and preventive maintenance systems for medical and IT equipment.

Results:

- Obstetric and neonatal departments in selected hospitals renovated and upgraded to -comply with international standards.

- A standard list of essential medical equipment and furniture is provided to all MOH and RMS hospitals according to priority needs.

- Selected primary health training centers renovated, equipped and furnished.

- IT equipment to strengthen / expand / develop health information systems is procured installed and utilized.

- A standardized and efficient facility maintenance system at central level established, functioning and sustainable.

- An efficient decentralized maintenance system for hospital facility and equipment established, functioning and sustainable.

7. Develop Human Resources

The MOH's overall objective for training is to develop a comprehensive training strategy and Master Training Plan, which they are currently engaged in, as well as a management system capable of responding to the training requirements of all categories of health staff to ensure the

delivery of quality services and information at primary health center and hospital levels. The MOH has been finalizing a comprehensive Master Training Plan which will greatly assist all partners interested in providing or funding future MOH training.

USAID has been supporting the MOH capacity building activities in family planning and reproductive health, safe motherhood, primary health care, quality improvement, information systems and community health interventions. Health Directorate, hospital, health center and community levels have been covered. Training guidelines, curricula, manuals and various tools were developed jointly with the MOH. Didactic class room training has been largely institutionalized at the MOH with satisfactory pool of trainers in various fields in all health directorates. However, in-service training and coaching of supervisors to ensure implementation of acquired knowledge still at the early stages and should be the prime focus of future capacity building interventions.

The contractor shall provide technical assistance to the MOH and other counterparts in the field of training as a cross-cutting theme for all the above mentioned tasks utilizing the currently available pool of trainers as well as building the capacity of new trainers.

The contractor shall assist the MOH finalize its Master Training Plan and develop a training sustainability plan where roles and responsibilities of both the contractor and the MOH are clear at the very early stages of project implementation.

The contractor will need to work within the MOH's Master Training Plan and provide a variety of trainings included in the Plan rather than developing a parallel system for training. Illustrative types of training which would contribute to capacity building and institutionalization efforts by the MOH include: clinical training, knowledge management/HMIS; training on medical records and supervision to ensure proper utilization; family planning/reproductive health; ESP; community health; etc. Building the capacity of MOH staff at the HD level (primary health clinics and hospitals) should receive special focus.

Since the MOH, with USAID support, has already developed a comprehensive series of Clinical Guidelines, Training Modules, and Curricula Series, these should form the basis for implementation of the MOH's Master Training Plan rather than creating new ones. It will be important that the Clinical Guidelines in particular are periodically updated. Thus, the contractor, in close collaboration with the MOH, should assist with updating these guidelines in Year 3 (2012) of the project implementation.

C.5 Gender Considerations

It is essential that the contractor carry out gender-sensitivity training throughout its program. All activities must only be implemented after a proper gender analysis has been carried out.

C.6 COORDINATION

The contractor must coordinate its activities with other USG entities, international donors, and international and national/local organizations that are providing similar types of technical assistance.

END OF SECTION C

SECTION D – PACKAGING AND MARKING

D.1 AIDAR 752.7009 MARKING (JAN 1993)

(a) It is USAID policy that USAID-financed commodities and shipping containers, and project construction sites and other project locations be suitably marked with the USAID emblem. Shipping containers are also to be marked with the last five digits of the USAID financing document number. As a general rule, marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semifinished products which are not packaged.

(b) Specific guidance on marking requirements should be obtained prior to procurement of commodities to be shipped, and as early as possible for project construction sites and other project locations. This guidance will be provided through the cognizant technical office indicated on the cover page of this contract, or by the Mission Director in the Cooperating Country to which commodities are being shipped, or in which the project site is located.

(c) Authority to waive marking requirements is vested with the Regional Assistant Administrators, and with Mission Directors.

(d) A copy of any specific marking instructions or waivers from marking requirements is to be sent to the Contracting Officer; the original should be retained by the Contractor.

D.2 BRANDING

The Contractor shall comply with the requirements of the USAID "Graphic Standards Manual" available at www.usaid.gov/branding, or any successor branding policy.

END OF SECTION D

SECTION E - INSPECTION AND ACCEPTANCE

E.1 TASK ORDER PERFORMANCE EVALUATION

Task order performance evaluation shall be performed in accordance with the TASC3 – Global Health IQC, Section E.2.

USAID inspection and acceptance of services, reports and other required deliverables or outputs shall take place at:

Population and Family Health (PFH)
USAID/Jordan
Amman, Jordan

or at any other location where the services are performed and reports and deliverables or outputs are produced or submitted. The COTR listed in Section G.2 has been delegated authority to inspect and accept all services, reports and required deliverables or outputs.

END OF SECTION E

SECTION F – DELIVERIES OR PERFORMANCE

F.1 PERIOD OF PERFORMANCE

The estimated period of performance for this task order is o/a June 2009 – June 2014.

F.2 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS

Charis Nastoff
Contracting Officer
U.S. Agency for International Development
AmEmbassy Amman
6050 Amman Place
Washington, DC 20521-6050

Telephone: 962-6-590-6654
Email: cnastoff@usaid.gov

The Contracting Officer Technical Representative (COTR) will be designated separately.

F.3 PLACE OF PERFORMANCE

The place of performance under this Task Order is Jordan, as specified in the Statement of Work.

F.4 REPORTS

In addition to the requirements set forth for submission of reports in Section I of the IQC, and in accordance with AIDAR clause 752.242-70, Periodic Progress Reports, the Contractor shall submit reports, deliverables or outputs as further described below to the COTR (referenced in Sections F.2). All reports and other deliverables shall be in the English language, unless otherwise specified by the COTR.

(a) Annual work plans. Within 60 days after award of the contract, the contractor will provide a draft annual workplan for phase 1. Within 60 days of the start of the second phase an umbrella five year strategic plan and a draft of the first annual workplan should be submitted. Annual work plans will be developed in consultation with the MOH counterparts, cooperating agencies implementing other programs as appropriate, and USAID Jordan. Annual work plans have to fit with U.S. Government fiscal year and must be submitted 30 days prior to the end of the previous planning period.

(b) Performance monitoring plan. Within 60 days of the start of each project phase the contractor shall submit, to USAID for approval a performance monitoring plan that monitors outcomes/impacts and tracks the process of achievement of all project objectives and results.

Because of the limited nature of the first phase, the plan should be simple. On the contrary the PMP plan for the second phase should be detailed and comprehensive. Indicators have to respond to PFH strategic plan sub results with special emphasis on improving access to and quality of services and information leading to reduction in total fertility and infant mortality rates, and increase in modern methods contraceptive prevalence rates, improving systems and practice of healthy life style (see Attachment J.8).Once approved, PMP plans will provide the basis for the contractor's impact reporting throughout the life of the contract. PMP reporting shall be part of quarterly and annual progress reports.

(c) Quarterly Progress. This report will include at a minimum the following information:

- Summary of all activities since the last report
- Update on resolution of issues raised in previous report
- New issues arising
- Recommendations for resolving issues
- Progress towards results, and
- Summary of financial expenditure

The fourth quarterly report will be cumulative and will serve as an annual report, feeding into USAID annual reporting requirements.

(d) Quarterly Financial Expenditure Reports: This report should be by line-item and sub-line item consistent with the RFP's Cost Proposal and linked to the monthly expenditure invoices/vouchers. Submit quarterly progress/financial reports to the COTR no later than the tenth working day following the end of the month.

(e) Accrual Reports have to be submitted on quarterly basis at least 10 working days before the end of the quarter.

(f) Semi-Annual Reports (SARs): Semi-annual reports based on USAID/Jordan's format (activities, budget, pipeline and burn rates).

(g) Architect/Engineering design reports, renovation and construction reports. These reports shall include at the minimum the flowing:

- Facilities assessment report
- Conceptual design reports
- Final design reports
- Monthly Construction Progress reports
- Construction Closeout reports
- Facilities maintenance report

(h) End of Project Report: This report will provide an assessment of the project's success at strengthening health systems and improving quality of health care delivery at the public sector. This report must be submitted before the end of the project. The report will provide

details on project indicators outlined in the PMP, sustainability /institutionalization achievements, major impediments faced during implementation and lessons learned.

END OF SECTION F

SECTION G – TASK ORDER ADMINISTRATION DATA

G.1 CONTRACTING OFFICER'S AUTHORITY

The Contracting Officer is the only person authorized to make or approve any changes in the requirements of this task order and notwithstanding any provisions contained elsewhere in this task order, the said authority remains solely in the Contracting Officer. In the event the Contractor makes any changes at the direction of any person other then the Contracting Officer, the change shall be considered to have been made without authority and no adjustment shall be made in the contract terms and conditions, including price.

G.2 TECHNICAL DIRECTION

Population and Family Health Office shall provide technical oversight to the Contractor through the designated COTR. The contracting officer shall issue a letter appointing the COTR for the task order and provide a copy of the designation letter to the contractor.

G.3 ACCEPTANCE AND APPROVAL

In order to receive payment, all deliverables must be accepted and approved by the COTR.

G.4 INVOICES

One (1) original of each invoice shall be submitted on an SF-1034 Public Voucher for Purchases and Services Other Than Personal to the Financial Management Office/USAID/Jordan. One copy of the voucher and the invoice shall also be submitted to the Contracting Officer and the COTR.

Electronic submission of invoices is encouraged. Submit invoices to the Office of Chief Financial Officer to this address: AccountsPayablejordan@usaid.gov.

The SF-1034 must be signed, and it must be submitted along with the invoice and any other documentation in Adobe.

Paper Invoices shall be sent to the following address:

Financial Management Office (FMO)
AmEmbassy Amman
6050 Amman Place
Washington, DC 20521-6050

If submitting invoices electronically, do not send a paper copy.

END OF SECTION G

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 KEY PERSONNEL

The contractor shall provide the following key personnel for the performance of this task order:

- Chief of Party
- Deputy Chief-of-Party/Technical Director
- Safe Motherhood Team Leader
- Family Planning/Reproduction Health Team Leader
- Quality Assurance Team Leader

USAID reserves the right to adjust the level of key personnel during the performance of this task order.

H.2 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this order is 000.

H.3 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English.

H.4 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

The Contractor and any employee or consultant of the Contractor is prohibited from using U.S. Government facilities (such as office space or equipment) or U.S. Government clerical or technical personnel in the performance of the services specified in the Task Order unless the use of Government facilities or personnel is specifically authorized in the Task Order or is authorized in advance, in writing, by the COTR.

H.5 CONFIDENTIALITY AND OWNERSHIP OF INTELLECTUAL PROPERTY

All reports generated and data collected during this project shall be considered the property of USAID and shall not be reproduced, disseminated or discussed in open forum, other than for the purposes of completing the tasks described in this document, without the express written approval of a duly-authorized representative of USAID. All findings, conclusions and recommendations shall be considered confidential and proprietary.

H.6 CONTRACTOR'S STAFF SUPPORT, AND ADMINISTRATIVE AND LOGISTICS ARRANGEMENTS

The Contractor shall be responsible for all administrative support and logistics required to fulfill the requirements of this task order. These shall include all travel arrangements, appointment scheduling, secretarial services, report preparations services, printing, and duplicating.

H.7 PERIODIC PROGRESS REPORTS (July 1998) (CIB 98-21)

(a) The contractor shall prepare and submit progress reports as specified in the Schedule of this contract. These reports are separate from the interim and final performance evaluation reports prepared by USAID in accordance with (48 CFR) FAR 42.15 and internal Agency procedures, but they may be used by USAID personnel or their authorized representatives when evaluating the contractor's performance.

(b) During any delay in furnishing a progress report required under this contract, the contracting officer may withhold from payment an amount not to exceed US$25,000 (or local currency equivalent) or 5 percent of the amount of this contract, whichever is less, until such time as the contracting officer determines that the delay no longer has a detrimental effect on the Government's ability to monitor the contractor's progress.

END OF SECTION H

SECTION I – CONTRACT CLAUSES

I.1 Reference TASC 3 – Global Health IQC.

END OF SECTION I

SECTION J – LIST OF DOCUMENTS EXHIBITS AND OTHER ATTACHEMENTS

Attachment Number	Title
J.1	List of Acronyms
J.2	Marking and Branding Template
J.3	USAID FORM 1420-17 Contractor Biographical Data Sheet* This form is only required for foreign service nationals and third country nationals.
J.4	Illustrative List of Medical Equipment for ER, Obstetric and Neonatal Departments.
J.5	Current Renovation Status of Obstetric and Neonatal Department in MOH/RMS Hospitals.
J.6	Priority List of MOH Hospital Obstetric and Neonatal Departments Needing Renovation.
J.7	Selected Key Documents and Websites.
J.8	Summary of PFH PMP
J.9	Past Performance Report Short-Forms
J.10	List of Commodities to be transferred from HSS to HSS II

* A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at http://www.USAID.GOV/procurement_bus_opp/procurement/forms/ .
The copy of the form is being provided herewith for reference purpose only.

END OF SECTION J

SECTION K – REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

Not required.

END OF SECTION K

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1 GENERAL

The Government anticipates the award of one (1) Cost Plus Fixed Fee Term form Task Order as a result of this RFTOP; however, it reserves the right to make no award.

L.2 ACQUISITION SCHEDULE

The schedule for this acquisition is anticipated to be as follows:

	Date
RFTOP issued	February 16, 2009
Questions due	March 2, 2009
Answers to questions disseminated	March 9, 2009
Proposals due	April 16, 2009
Technical evaluation	May 25, 2009
Request for revision (if needed)	June 8, 2009
Revisions due	June 29, 2009
Award of task order	July 30, 2009
Performance begins	August 1, 2009

All Questions relating to this RFTOP must be submitted to Rima Kayyal at rkayyal@usaid.gov via email by the date and time indicated on Block 7 of the cover page of this solicitation. Unless otherwise notified by an amendment to the RFTOP, no questions will be accepted after this date. Offerors must not submit questions to any other USAID staff, including the technical office for either the Task Order or the basic IQC.

L.3 GENERAL INSTRUCTIONS TO OFFERORS

(a) **Award.** The U. S. Government anticipates awarding one (1) Cost Plus Fixed Fee Term form Task Order as a result of this Solicitation. The Agency reserves the right to make no awards. The award will be for a five-year period and there will be no option periods.

(b) **RFTOP Instructions.** If an Offeror does not follow the instructions set forth herein, the Offeror's proposal may be eliminated from further consideration or the proposal may be down-graded and not receive full or partial credit under the applicable evaluation criteria.

If an Offeror does not understand the instructions in Section L of this Solicitation, then s/he should write to the Contracting Officer for clarification. Please refer to block 4 of Section A of the RFTOP for this information.

(c) **Accurate and Complete Information.** Offerors must set forth full, accurate and complete information as required by this RFTOP. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.

(d) **Pre-award Survey.** USAID reserves the right to perform a pre-award survey which may include, but is not limited to: (1) interviews with individuals to establish their ability to perform contract duties under the project conditions; (2) a review of the prime contractor's financial condition, business and personnel procedures, etc.; and (3) site visits to the prime contractor's institution.

(e) **Offer Acceptability.** The Government may determine an offer to be unacceptable if the offer does not comply with all of the terms and conditions of the RFTOP and prospective contract:

(1) Completion of Section A, Blocks 9 through 13, 16 and 17 of the RFTOP;

(2) Submission of proposed costs/prices as required by Section L of the solicitation;

(3) Submission of information required by this RFTOP. The submission of these items in accordance with these instructions will, if the Government accepts the offer, contractually bind the Government and the successful Offeror to the terms and conditions of the prospective contract. Offerors shall follow the instructions contained in this RFTOP and supply all information and signature/certifications, as required.

(f) **Proposal Preparation Costs.** The U.S. Government will not pay for any proposal preparation costs.

L.4 RECEIPT OF PROPOSALS AND DELIVERY INSTRUCTIONS:

(a) Proposals submitted in response to this RFTOP will be received in the following manner:

(1) Technical and cost proposals will be bound separately;

(2) Format for the **technical proposal** must be in Microsoft Word 2003, Times New Roman font size 12, text accessible. There is no specified font for graphics and charts.

(3) Format for the **cost proposal** must be compatible with Excel. Please do not lock formulas. The narrative for the cost proposal must be in Microsoft Word 2003, Times New Roman font size 12, text accessible. There is no specified font size for graphics and charts. Contractor Biographical Data Sheets must be put in alphabetical order.

(4) Offerors are instructed to submit via email all sections of your technical proposal in MS Word readable format and the budget in MS Excel readable format to AmmanRCOHEALTH@usaid.gov by the due date in addition to the hard copies. When sending proposals by multiple emails, please indicate in the subject line whether the email relates to the technical or cost proposal, and the desired sequence of multiple emails, if more than one is sent (e.g. "Technical Proposal,

Part 1 of 3"). However, please note that it is preferred that you consolidate the various parts of the technical proposal into a single document. Each email has a limit of up to 10 attachments (5MB limit).

(5) Paper size can not exceed "8 ½ × 11".

(6) Proposals must be single sided, page numbered and contain a table of contents. The sections and annexes in the technical and cost proposals must be tabbed and listed in the table of contents.

(7) Notify potential applicants that if a discrepancy exists between the applicant's electronic and hard copies of the application, the hard copy will be the overriding document.

Any questions in response to this solicitation must be submitted in writing via email only to Rima Kayyal, Senior Contract Specialist, rkayyal@usaid.gov by the date and time indicated on Block 7 of the cover page of this solicitation.

(b) Closing Date and Time. All proposals in response to this RFTOP must be received by 12:00 p.m., Jordan time, on the closing date indicated on Block 6 of the cover page of this solicitation. Proposals must remain valid for six months from the submission date.

(c) The information requested below must be placed in sealed envelopes clearly marked on the outside with the following information:

RFTOP No.: Jordan-09-04
Title: Health Systems Strengthening II

(1) Technical and Cost/Business Proposals must be kept separate from each other. Technical Proposals must not make reference to pricing data in order that the technical evaluation may be made strictly on the basis of technical merit.

(2) Companies should retain for their records one copy of the proposal and all enclosures which accompany their proposal. Erasures or other changes must be initialed by the person signing the proposal. To facilitate the competitive review of the proposals, USAID will consider only proposals complying with instructions set forth in Section L of this RFTOP.

(d) Number of Copies. For the Technical Proposal an original and five (5) copies. The technical proposal shall be entirely separate from the cost proposal. For the Cost/Business Proposal an original and three (3) copies are required. The original and each copy of the technical and cost proposals must be bound. Each must be identified as such, e.g., "original" or "copy," "1 of 2" etc. Offerors will provide one (1) copy of their technical proposal and (1) copy of their cost proposal each on a CD-ROM.

(e) Mailing Addresses. Proposals shall be delivered to the following addresses:

If sent via U.S. Postal Service:

Regional Contracting Office
AmEmbassy Amman
6050 Amman Place
Washington, DC 20521-6050

Hand-Carried, Overnight, or via Courier

Regional Contracting Office
American Embassy/Amman
USAID
Omawiyeen Street, Abdoun
Amman, Jordan

Note: The issuing office receives regular international mail only once a week.

L.5 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

Interested entities will respond to this SOW with a Technical Proposal (TP) that elaborates their approach for the most effective and efficient way to identify, develop, and realize the objectives of this activity.

The TP shall include a draft work-plan for the first year of the program as well as an illustrative implementation and monitoring plan (IMP) that will demonstrate how the contractor will measure progress towards the expected results.

In addressing the specific guidance on content and issues provided in other sections of this SOW, the Contractor shall provide a clear description of the proposed tasks and deliverables that will contribute to the achievements of the results. This will be used as the basis for the initial work-plan. In order to maintain maximum flexibility in achieving results most effectively, it may be desirable to modify previously agreed upon work-plans, with the approval of the COTR.

(a) Offerors must organize the technical proposal to follow the technical evaluation factors listed in Section M.

(b) Offerors are to present detailed information only when required by specific RFTOP instructions. The written Technical Proposal is limited to 50 pages on standard "8 ½ × 11" paper and shall be written in English. Those pages that exceed the page limitations will not be evaluated.

Note: A page in the technical proposal, which contains a table, chart, graph, etc., not otherwise excluded below, is subject to the “page” limitation.

There are no specified font sizes for the items listed below. The following items are not included in this page limitation:

- Cover Pages;
- Table of Contents;
- Dividers;
- Resumes, letters of commitments and references per section L.5(c).4.b;

- Past Performance Report Short-Forms (Attachment J.9);
- Charts, such as Organizational Chart(s), Work Plan, Implementation Monitoring Plan;
- Branding and Marking Plans; and
- Executive Summary

All critical information from appendices must be summarized in the technical proposal.

(c) **The Technical Proposal** in response to this solicitation must address how the Offeror intends to carry out the Statement of Work contained in Section C by responding to specific factors that are representative of the work to be performed under individual task orders. The responses of Offerors must also reflect a clear understanding of the work to be undertaken and the responsibilities of all parties involved. Technical proposals should be specific, complete and presented concisely. The company must take into account the technical evaluation factors and sub-factors found in Section M.

The Technical Proposal should include the following sections (which are included in the 50 page limit):

1. Cover Page (not included in the 50 page limit)

2. Executive Summary (not included in the 50 page limit)**:** Although this section will not be scored, it should allow technical reviewers to quickly understand the critical elements of the proposal including the most salient features of the offerors' technical vision and approach, the key personnel and management plan proposed, and the capabilities of the partners to accomplish the desired results. This section shall be limited to 3 pages.

3. Technical Approach

a. **Understanding of Health Systems Strengthening:** Describes the offeror's understanding of and propose innovative, technically sound and cost-effective approaches to health systems strengthening, including the ability to synthesize and apply lessons learned.

b. **Understanding of Primary Health Care/Maternal Child Health/Family Planning & Reproductive Health:** Describes the offeror's understanding of key development issues in primary health care/maternal health/FP/RH as they affect the delivery of integrated services in Jordan, including the ability to synthesize and apply lessons learned.

c. **Obstacles, risks and problems:** Presents an analysis of the potential risks, obstacles, and problems the offeror expects to encounter in the course of implementation including the utilization of family planning interventions; and a description of how the offeror will identify and address or minimize potential difficulties, including possible severe or unanticipated reductions in funding. Family planning mentioned in section M but not in L. Please have both sections match.

d. **Implementation plan:** The proposal needs to provide an appropriate plan describing how the offeror intends to implement the interventions and systems and what will be accomplished by the end of the project period, including how the offeror will set priorities among the many options for interventions/systems.

e. **Indicators and draft PMP:** Describes how the contractor will monitor performance and report to USAID.

f. **Institutional development and sustainability of local organizations:** Describes how the technical approach will ensure that the activities and results will be sustained after completion of the project. Also identify creative approaches to ensure the institutional development and sustainability of local entities/organizations supported under this project.

g. **Collaboration:** Addresses collaboration/teamwork with main implementing partners, particularly the MOH; and collaboration/teamwork among various partners working on other components of the USAID health and population program.

h. **Subcontract Plan:** Identifying proposed subcontractors, the functions they will carry out, and the level of effort envisaged for the subcontractor.

i. **Gender**: A detailed description on how the offeror will address gender issues related to health activities.

4. Institutional Capabilities and Past Performance

a. The offeror should describe the expertise that each organization in its consortium brings to implement health systems strengthening interventions or systems in countries with similar conditions to those of Jordan.

b. Provides evidence of specific past experience in the technical areas of maternal health and family planning/reproductive health and in transfer of skills to local counterparts. The offeror is asked to provide a maximum of 2 successes and 2 failures and lessons learned in the last 3 years for projects of similar size and scope preferably in the region.

c. Provides evidence of relevant past experience in health systems, in facility renovation for obstetrics and neonatal health, knowledge of requirements for facilities renovation for emergency rooms as well as experience in large scale procurement. The offeror is asked to provide a maximum of 2 successes and 2 failures and lessons learned in the last 3 years for projects of similar size and scope preferably in the region.

Note: Past performance information is required for the prime and major sub-contractor. A major sub-contractor is an organization that anticipates receiving 20% of the award from

the prime. Past performance references are not required for resource organizations or sub-recipients that are not considered major.

USAID reserves the right to obtain past performance information from other sources including those not named in this proposal.

5. Staffing Plan and Personnel Qualifications:

The contractor shall provide extensive long-term and short-term technical assistance for the health systems strengthening program. A range of skills is needed to achieve the results proposed under this program. Various other short-term specialists will need to be recruited once detailed work plans are developed. Creativity in identifying the right staff is critical for this multi-faceted program so the contractor is encouraged to be innovative. It should be emphasized that the skill sets listed below are illustrative. All senior technical staff that include both key and non-key personnel must have an excellent command of written and spoken English. The contractor has the option of recommending a different configuration of expatriate and local long-term key personnel (i.e., different positions and/or numbers of long-term personnel). The contractor is encouraged to make maximum use of local personnel.

Offerors must provide:

Staffing Plan:

a. A complete staffing plan reflecting the understanding of the SOW and including adequate technical specialists to cover all technical areas needed to achieve the results, with underlying rationale, including an organizational chart demonstrating lines of authority and staff responsibility accompanied by position descriptions. (The organizational chart does not count in the page limit). Offerors may propose and justify the configuration of key staff positions in addition to or in substitution of those described herein. Staffing patterns are expected to include core non-program staff, minimal key technical staff and an explanation of how additional technical expertise will be obtained with attention to cost-containment and avoiding unnecessary staffing;

b. Resumes, not to exceed 3 pages for the Key Personnel and other senior technical staff must be included in the appendices. For the Key Personnel, three references with telephone and email contact information must also be included in the appendices.

Note: Key Personnel include: Chief of Party (COP), Deputy Chief of Party, Quality Assurance (QA) expert, Family Planning and Reproductive Health expert, and Safe Motherhood Expert (Obstetric and Neonatal).

Personnel Qualification:

a. Chief-of Party (COP): The position requires an individual with:

- Master's or higher degree in public health, with specialized training or experience in primary health care including family planning and reproductive health; medical degree desirable
- At least 10 year senior level experience in strengthening health systems and/or performance of MCH, RH/FP programs in developing countries.
- Demonstrated capacity in collaborating or partnering with host country officials and organizations to achieve program objectives.
- Demonstrated ability to supervise complex programs
- Demonstrated management, leadership and interpersonal skills and expertise in transmitting those skills to others.
- Knowledge of Jordan's health care system
- Strong writing and oral presentation skills
- Excellent English is mandatory and good command of Arabic language is required.

b. Deputy Chief-of-Party / Technical Director (D/COP/TD): The position requires an individual with:

- Master's degree in public health or a closely related field;
- Related specialized training in management, organizational development, or a closely related area
- At least 5 year senior level experience in strengthening organizational performance of MCH, RH/FP programs in developing countries
- Demonstrated capability to manage complex programs and supervise senior technical personnel
- Demonstrated knowledge of U.S. Government regulations and procurement procedures;
- Excellent financial management and human resource management skills.
- Technical skills are complementary to COP is desirable
- Excellent English is mandatory and ability to communicate in Arabic is desirable

c. Safe motherhood Team Leader: The position requires an individual with:

- Master's or higher degree in obstetrics or neonatology, with specialized training in family planning and reproductive health; Medical Doctor degree is required.
- Demonstrated experience in providing technical direction for obstetric care/safe motherhood interventions, neonatal health, organization of training programs and quality of care issues.
- Technical skills are complementary to COP is desirable
- Knowledge of medical systems in Jordan
- Excellent oral and writing communication skills in English and Arabic are required.

d. Family Planning/Reproductive Health Team Leader: The position requires an individual with:

- Master degree in public health with specialized training in family planning and reproductive health. Medical Doctor or Nursing degree is desirable
- At least 10 year experience in providing technical direction for family planning and reproductive health issues
- Previous experience in Jordan or similar countries
- Excellent oral and written communication skills in English and Arabic

e. Quality Assurance (QA) Team Leader: The position requires an individual with:

- Master's or higher degree in public health, with specialized training in quality assurance, Medical Doctor or Nursing degree is desirable
- Certified in Quality Assurance
- At least five year practical, senior level experience using performance improvement and support approaches and methodologies in primary healthcare, maternal and reproductive health;
- Demonstrated experience in providing technical direction for performance improvement interventions that are implemented by other organizations, particularly training institutions or other health organizations.
- Demonstrated experience in providing technical direction for quality improvement interventions specially
- Knowledge of medical/clinical systems in Jordan
- Excellent written communication skills in English and knowledge of Arabic is desirable

f. Other categories of illustrative staff (one individual may be skilled in more than one of the following areas):

- Service Delivery and information
- Obstetric Care
- Neonatal Health
- Family Planning / Reproductive Health
- Community Health
- Behavior Change Communication
- Architectural and Engineering
- Health Management Information Systems
- Knowledge Management
- Clinical/Technical Training
- Finance and Administration

L.6 COST PROPOSALS

The Cost Proposal is to be submitted under separate cover from the technical proposal. There is no page limit on the Cost Proposal. The cost proposal must be submitted in Excel format and the budget notes must be in Microsoft Word 2003 text accessible. It should consist of the following:

> Include a detailed budget, in US dollars, with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing.

A detailed budget must be submitted for the prime and major sub-contractor. A major sub-contractor is an organization that anticipates receiving 20% of the award from the prime.

- The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;

- A detailed level of effort estimate in person days for this work. Please provide a separate line item for each proposed individual and position, and identify each by name. Proposed personnel not yet identified may be shown as "TBD" (to be determined); Labor must be specified by days. Furthermore, 260 days equals one year of labor.

- A detailed estimate of all other proposed costs (travel, per diem, etc.) with a complete breakdown of the cost elements associated with each line item (e.g., DBA insurance shall specify the salary amounts and/or consultant fees which are subject to DBA, as well as the DBA rate utilized, and communication costs shall specify the number of units - days, months - and the estimated unit costs). Similar detail shall be provided for those costs associated with any proposed major subcontractor. A major sub-contractor is an organization that anticipates receiving 20% of the award from the prime. Please explain the basis for the estimates made for each cost element by providing cost notes with sufficient detail and rationale to enable USAID to make a determination that the costs proposed are fair and reasonable

- Biographical data sheets (Form 1420-17) for proposed Key Personnel and any proposed Long Term or Short Term personnel detailing: education levels achieved, previous work experience that validates the experience level proposed for the specified labor category, and salary history for at least the previous three years (biodata forms must be signed by both the employee and the contractor);

- A current Negotiated Indirect Cost Rate Agreement is required for the prime and major sub-contractor. A major sub-contractor is an organization that anticipates receiving 20% of the award from the prime;

- Offerors or major sub-contractors who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:

    1. The offeror's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;

    2. Budget, cash flow and organizational chart;

    3. A copy of the organization's accounting manual.

END OF SECTION L

SECTION M – EVALUATION FACTORS FOR AWARD

M.1 GENERAL INFORMATION

(a) The Government may award a task order without discussions with offerors.

(b) The Government intends to evaluate task order proposals in accordance with Section M of this RFTOP and award to the responsible contractor whose task order proposal represents the best value to the U.S. Government. "Best value" is defined as the offer that results in the most advantageous solution for the Government, in consideration of technical, cost, and other factors.

(c) The submitted technical information will be scored by a technical evaluation committee using the technical criteria shown below. The evaluation committee may include industry experts who are not employees of the Federal Government. When evaluating the competing Offerors, the Government will consider the written qualifications and capability information provided by the Offerors, and any other information obtained by the Government through its own research. Cost proposals of the technically acceptable proposals will only be evaluated.

(d) Technical and cost will be evaluated relative to each other, as described herein. Technical is more important than cost. The technical proposal will be scored using the criteria shown in this section. The cost proposal will be scored by the method described in this section. The criteria below are presented by major category, in descending order of importance, so that offerors will know which areas require emphasis in the preparation of proposals. Based on the assessment of the technical qualities of the proposals, a competitive range may be established. Cost proposals will be evaluated on the basis of realism and level and used in combination with the assessment of technical quality to determine best value. The criteria below reflect the requirements of this particular solicitation.

(e) Offerors should note that these criteria: (1) serve as the standard against which all proposals will be evaluated, and (2) serve to identify the significant matters which offerors should address in their proposals.

M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

The following three general factors, which are further described below, will be the basis of evaluation for all Technical Proposals (TP):

1. Technical Approach
2. Institutional Capabilities and Past Performance
3. Staffing Plan and Personnel Qualifications

1. Technical Approach (35 Points)

1.1 Demonstrated understanding of the appropriate technical approaches to health systems strengthening; sound, innovative and cost-effective approaches to addressing constraints hindering the development of health systems and health services in Jordan.

1.2 Demonstrated a thorough understanding of current issues in primary health care/maternal child health/family planning and reproductive health as they affect the delivery of integrated services in Jordan.

1.3 Strength of the analysis of potential obstacles, risks and problems that could be encountered during program implementation and feasibility of the proposed solutions for addressing the identified problems, including the constraints hindering the utilization of family planning information and services.

1.4 Merit of the proposed implementation plan in terms of its ability to achieve the project objectives and results.

1.5 Technical quality of the monitoring and evaluation approach, including proposed indicators in the draft PMP.

1.6 Demonstrated soundness and creativity of institutionalization and sustainability of various systems and interventions at the central, Health Directorate and community levels within the MOH structure.

1.7 Appropriateness of the offeror's description of strategies and mechanisms for working with USAID cooperating agencies/contractors which are implementing other components of the USAID/Jordan population and family health program.

1.8 Depth and breadth of subcontractor roles and responsibilities proposed, with particular emphasis on ensuring a strong local implementing team to increase sustainability.

1.9 Gender sensitivity issues if any, incorporating the differential participation of men and women, gender analysis of data, and consideration of unintended gender side effects of program implementation.

2. Institutional Capabilities and Past Performance (30 Points)

2.1 Demonstrated knowledge, capability and long term experience of the offeror in providing health systems strengthening interventions in regions or

countries with similar socio-economic and health systems conditions to those of Jordan.

2.2 Evidence of relevant past experience and technical capability in implementing or strengthening program interventions in maternal/neonatal health, family planning/reproductive health and in transfer of skills to local counterparts.

2.3 Demonstrated capability and experience in hospital/health center facility renovation according to international standards; the development of detailed architectural/engineering designs for these facilities; and the procurement and installation of essential equipment and furniture for selected hospital departments.

3. Staffing Plan and Personnel Qualifications (35 Points)

3.1 Demonstrated understanding of the Statement of Work as evidenced by the overall staffing plan. Appropriate number and skills mix (complementary skills) of proposed staff for program implementation and monitoring.

3.2 Demonstrated capability, experience, education and qualifications of the offeror's key personnel staff appropriate for the designated activities identified in the Statement of Work.

3.3 Demonstrated experience, education and qualifications of other short and long term professional personnel proposed in the staffing plan.

3.4 Personnel experience in working health systems strengthening, primary health care, maternal health and family planning/reproductive health service delivery improvement; in Jordan or in regions or countries similar to Jordan.

M.3 COST PROPOSAL EVALUATION

Cost is of less importance than the technical evaluation criteria. However, where proposals are considered essentially equal, cost may be the determining factor. The overall standard for judging cost will be whether the cost proposal presents the best value to the U.S. Government for the cost. The cost proposal will be judged on whether it is realistic and consistent with the technical proposal.

END OF SECTION M

Attachment J.1
LIST OF ACRONYMS

CA	Cooperative Agreement
CAC	Community Action Cycle
CEOC	Comprehensive Essential Obstetric Care
CHC	Community Health Committee(s)
CPR	Contraceptive Prevalence Rate
CR – GIS	Community Resource Geographic Information System
DHS	Demographic and Health Survey
ESP	Essential Services Package
FP	Family Planning
GIS	Geographic Information System
GOJ	Government of Jordan
HCAC	Health Care Accreditation Council
HC	Health Center
HD	Health Directorate / Health Director
HMIS	Health Management Information System
HSS	Health Systems Strengthening
HPC	Higher Population Council
ICD	International Classification of Diseases
ICPC2	International Classification of Primary Health Care
IMCI	Integrated Management of Childhood Illnesses
IT	Information Technology
IQC	Indefinite Quantity Contract
KM	Knowledge Management
MCH	Mother and Child Health
MOH	Ministry of Health
NA	National Agenda
NNC	Neonatal Care
NPS	National Population Strategy
PA	Performance Assessment
PAC	Post Abortion Care
PFH	Population and Family Health (USAID/Jordan)
PHC	Primary Health Center
RHAP	Reproductive Health Action Plan
RH	Reproductive Health
RFP	Request for Proposal
RMS	Royal Medical Services
QI	Quality Improvement
USAID	United States Agency for International Development
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USG	United States Government
WHO	World Health Organization

ATTACHMENT J.2
MARKING AND BRANDING TEMPLATE

Branding Strategy for the Jordan Health Systems Strengthening II Project
From Requesting Office (USAID/Jordan)

With reference to Section 320.3.2.1 of ADS 320, below is the required Branding Strategy**:**

- **Program Name: Jordan Health Systems Strengthening II**
- **How the materials will be positioned: TBD** will use full branding and the USAID tagline "From the American People" on materials and communications, which may be translated into local languages as appropriate. Co-branding and no branding will only be considered on a case-by-case basis as considered appropriate by the Contracting Officer's Technical Representative (COTR) and Contracting Officer (CO).
- **Desired level of visibility: Jordan Health Systems Strengthening II project** has a desired high level of visibility within USAID since the purpose of the project is to raise the awareness of USAID education personnel of the need and importance of integrating gender into education activities.
- **Any other organizations to be acknowledged:** Project documents will not use the contractor's logo, but will acknowledge that the document was prepared for USAID/Jordan by the Jordan Health Systems Strengthening II Project, TBD (Prime Contractor).
- There are no controls on the contractor's release or use of data that the contractor, or any subcontractor, produces in performing the contract. The IQC contract for this Task Order states that copyrights and rights to data shall be in accordance with the clause of the IQC Contract, entitled, "Rights in Data – General" (FAR 52.227-14, Alternates III and IV).

THIS PORTION IS CREATED BY THE CONTRACTOR

Branding Implementation Plan for the Jordan Health Systems Strengthening II Project

(TO # TBD)

From Requesting Office (USAID/Jordan)

With reference to Section 320.3.2.2 of ADS 320, below is the required Branding Implementation Plan**:**

1.0 HOW TO INCORPORATE THE MESSAGE

_____ will use full branding and the USAID tagline "From the American People" on materials and communications. Co-branding and no branding will only be considered on a case-by-case basis as considered appropriate by the Contracting Officer Technical Representative (COTR) and Contracting Officer (CO).

2.0 HOW TO PUBLICIZE THE PROGRAM

This section discusses how to publicize the program and also includes a description of the communications tools to be used.

2.1 AUDIENCES

Subject to approval by USAID, the Jordan Health Systems Strengthening II project has the following target audiences with whom it will promote and publicize USAID sponsorship:

2.1.1 Primary audience:

The primary audience for all materials and documents produced under this task order is USAID staff in Washington and in the field.

2.1.2 Secondary audience:

The secondary audience for materials and documents produced by the Jordan Health Systems Strengthening II project includes Ministry of Health (MOH), Higher Population Council, Royal Medical Services (RMS), and local NGOs.

2.2 MESSAGES

In all materials and events the project will be branded as from USAID and prepared by _____ as part of the Jordan Health Systems Strengthening II project. As such, all materials will acknowledge that they were produced with support "from the American people." In cases where a local language predominates above English, the appropriate translation into the local language will be used in branding the program.

Additional ideas to increase awareness that the American people support this program are: all of the trainers will be trained to include in each presentation or training session a statement at the beginning of their meeting or training session that the technical assistance that they provide and the other program services are made possible as a result of "the assistance from the American people." The Jordan Health Systems Strengthening II project will follow specific procedures for including the Branding Implementation Plan requirements as stated in the mandatory internal

reference Branding and Marking in USAID Direct Contracting in the Automated Directives System, Chapter 320.

3.0 TOOLS

The following communication tools will be used: Add to as needed and fill out.

Press releases	
Press conferences	
Media interviews	
Site visits	
Success stories	
Beneficiary testimonials	
Professional photography	
PSAs	
Videos	
Webcasts, e-invitations, blast e-mails, or other internet activities	

4. 0 KEY MILESTONES AND OPPORTUNITIES

The following key milestones are anticipated to generate awareness that the program is from the American people. These milestones may be linked to specific points in time, such as at the beginning or end of a program, or to an opportunity to showcase reports or other materials. These include, but are not limited to

- holding training events,
- publishing reports,
- highlighting success stories,
- promoting final or interim reports, and
- communicating program impact/overall results.

5.0 ACKNOWLEDGEMENTS

5.1 ACKNOWLEDGING USAID AND THE USAID EQUATE FUNDING MECHANISM

The following acknowledgment will be included on external USAID Jordan Health Systems Strengthening II project publications and internal publications, such as quarterly reports, as appropriate:

> This document was produced for review by the United States Agency for International Development. It was prepared by _____ for the Jordan Health Systems Strengthening II Project, task order number TBD.

5.2 ACKNOWLEDGING HOST-COUNTRY GOVERNMENTS

All _____ documents will follow USAID Branding Guidelines. If during the course of this program other major sponsors are involved, we will advise the COTR of their involvement and request permission to include them as necessary.

5.3 ACKNOWLEDGING OTHER HOST-COUNTRY PARTNERS

Co-branding with civil society groups will occur when these organizations have contributed funds to the activity. Co-branding with in-country partners may also be desirable when trying to promote local ownership and capacity building. However, when products are fully funded by USAID, CO approval is required for any exceptions to full branding requirements.

5.4 CO-BRANDING WITH OTHER INTERNATIONAL ORGANIZATIONS

In such cases, the guidelines for co-branding will be followed, assuming the funding contributed is more than a token amount.

THIS PORTION IS CREATED BY THE CONTRACTOR

Marking Plan for the Jordan Health Systems Strengthening II Project
From Requesting Office (USAID/Jordan)

With reference to Section 320.3.2.3 of ADS 320, below is the required Marking Plan**:**

1.0 MARKING

1.1 MARKING PLAN FOR MATERIALS TO BE PRODUCED

Table 1 outlines the types of materials that may be produced under the USAID Jordan Health Systems Strengthening II project. Any materials that are not anticipated below, but are produced under the initiative, will also be subject to branding guidelines and CO approval, as appropriate. Please note that marking is not required on items used as part of the administration of the contract, such as stationery products, equipment, and offices. The goal is to mark programs and projects, and not implementing partners. Thus, letterhead, name tags, business cards, office space, equipment, and supplies are not subject to branding.

Every contract deliverable that is marked with the USAID identity for the Jordan Health Systems Strengthening II project will follow design guidance for color, type, and layout in the *Graphic Standards Manual* as related to equipment, reports, studies, events, and public communication (including printed products, audio, visual, and electronic materials). The USAID logo will be used for programmatic correspondence. _____ letterhead will be used for administrative matters and will not have the USAID logo. Business cards will not show the USAID logo.

Marking Requirements for the Jordan Health Systems Strengthening II Project
From Requesting Office (USAID/Jordan)

With reference to Section 320.3.2.2 of ADS 320, below is the required Branding Implementation Plan**:**

TABLE 1. MARKING PLAN FOR MATERIALS TO BE PRODUCED - CHANGE AS NEEDED

Category	Type of Marking	Remarks
Administrative		
Stationery products (administrative Business)	USAID standard graphic identity will not be used.	Pertains to letterhead, envelops, and mailing labels
Stationery products (program related)	USAID standard graphic identity will be used.	Pertains to letters that accompany program materials
Business cards	USAID standard graphic identity will not be used on business cards. The contractor should use its own business cards but include the line "EQUATE project" on the business card.	
Office signs	USAID standard graphic identity will not be used to mark project offices.	
Project deliverables	Follows guidelines for full branding	
Website		
Technical		
Technical reports and studies	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
Briefing papers, memoranda, and policy recommendations	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	

TABLE 1. MARKING PLAN FOR MATERIALS TO BE PRODUCED - CHANGE AS NEEDED

Category	Type of Marking	Remarks
Government policies, strategies, plans, and guidelines (regional, national, and sub-national levels) or other materials positioned as being from the host-country government	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
Organizations' policies, strategies, plans, and guidelines (e.g., an NGO's procedures manual for malaria logistics, a workplace antidiscrimination policy) or other materials positioned as being from the host-country partner	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
Training materials and manuals	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
CDs-ROM	The USAID identity will be printed on the CD label, splash screen/menu, and packaging; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
PowerPoint presentations	The USAID identity is required on title breaker slides; design follows guidelines for the full branding unless co-branding is acceptable or an exemption is provided for no branding.	

TABLE 1. MARKING PLAN FOR MATERIALS TO BE PRODUCED - CHANGE AS NEEDED

Category	Type of Marking	Remarks
Conference posters and presentations	The USAID identity will be printed on the poster or presentation; design follows guidelines for professional meetings or full branding unless co-branding acceptable or an exemption is provided for no branding.	
Videos	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
Program materials	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
Technical web portal	Follows guidelines for co-branding; the USAID identity will be included on the homepage and sub-pages as appropriate	Individual documents included on the portal will be branded as appropriate.
Promotional		
Event signs, banners, and exhibition booths materials	The USAID identity will be printed on the materials; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
Project promotional materials (e.g., success stories, beneficiary announcement of research, testimonials, findings, or project results)	The USAID identity printed on the materials; design follows guidelines for full branding.	
Materials for policy launch	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	

TABLE 1. MARKING PLAN FOR MATERIALS TO BE PRODUCED - CHANGE AS NEEDED

Category	Type of Marking	Remarks
Materials for site visits	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	
Commodities	The USAID identity will be printed on the cover of documents; design follows guidelines for full branding unless co-branding is acceptable or an exemption is provided for no branding.	

ATTACHMENT J.3

USAID FORM 1420-17 - CONTRACTOR BIOGRAPHICAL DATA SHEET

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)	2. Contractor's Name

3. Employee's Address (include ZIP code)	4. Contract Number	5. Position Under Contract
	6. Proposed Salary	7. Duration of Assignment

8. Telephone Number (include area code)	9. Place of Birth	10. Citizenship (if non-U.S. citizen, give visa status)

11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment

12. EDUCATION (include all college or university degrees)

13. LANGUAGE PROFICIENCY
(See Instructions on Reverse)

NAME AND LOCATION OF INSTITUTE	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading

14. EMPLOYMENT HISTORY

1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.
2. Salary definition - basic pariodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (M/D/Y)		Annual Salary
		From	To	Dollars

15. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (M/D/Y)		Days at Rate	Daily Rate in Dollars
		From	To		

16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee	Date

17. CONTRACTOR'S CERTIFICATION (To be signed by responsible representative of Contractor)

Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that the USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fradulent, or that are based on inadequately verified information, may result in appropriate remedial action by USAID, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution.

Signature of Contractor's Representative	Date

Attachment J.4

Illustrative List of Medical Equipment for ER, Obstetric and Neonatal Departments

ER

- Medical Equipment Carts (Crash carts, cast carts, treatment carts)
- Ultrasounds
- Defibrillators
- Portable ventilators / portable suctions
- Diagnostic instruments (ECG machines, sphygmomanometer, diagnostic sets)
- Instrument tables and IV poles
- Monitors
- Stretchers and wheelchairs
- Ventilators
- Moveable beds (with wheels)
- Examination tables (with wheels)
- Emergency automatic transport and resuscitation ventilators
- Emergency beds including CPR beds
- Emergency lab equipment
- Autoclave machines

Obstetric/Neonatal

- Anesthesia Units including ventilator, monitor, pulse, oximeter
- Operating Tables
- Inpatient beds with wheels (four section)
- Vital Sign Monitors
- CTG Machine or Fetal heart monitors
- Fetal heart rate detectors (sonicaid)
- Delivery tables with accessories
- Heart rate/ Respiratory rate monitors (NICU) with apnea mode
- Incubators, neonatal intensive care
- Phototherapy units
- Pulse oximeters (NICU)
- Neonatal Resuscitators, new born)
- Bubble CPAP System
- Ultrasound Machines/ Regular
- Ambubags with anatomical masks for adults and neonates
- GYNA Examination Beds
- Surgical Instrument Kits for Vaginal Delivery, CS and Abdominal Surgeries
- Post Miscarriage-Post Partum Medical Equipment
- Laryngoscopes for adults and neonates

Note: Furniture will need to be assessed on a case-by-case basis

Attachment J.5

Current Renovation Status of Obstetric and Neonatal Department in MOH / RMS Hospitals

Hospital	Category	Governorate	Status
Abu Obaida	MOH	Irbid	HSS Mandate
Al-Iman Ajloun	MOH	Ajloun	HSS Mandate
Dr. Jameel Totanji	MOH	Capital	HSS Mandate
Ghor Safi	MOH	Karak	HSS Mandate
Jarash	MOH	Jarash	HSS Mandate
Ma'an	MOH	Ma'an	HSS Mandate
Nadeem	MOH	Madaba	HSS Mandate
Prince Faisal	MOH	Zarqa	HSS Mandate
Prince Hashem	RMS	Zarqa	HSS Mandate
Prince Rashed	RMS	Irbid	HSS Mandate
Princess Badia	MOH	Irbid	HSS Mandate
Al-Hussein Salt	MOH	Balqa	Renovation is needed under HSS II–Phase 2
Mafraq OBGYN	MOH	Mafraq	Renovation is needed under HSS II–Phase 2
Mu'ath Bin Jabal	MOH	Irbid	Renovation is needed under HSS II–Phase 2
Pr. Iman /Ma'addi	MOH	Balqa	Renovation is needed under HSS II–Phase 2
Prince Zeid	RMS	Tafeela	Renovation is needed under HSS II–Phase 2
Queen Alia	RMS	Capital	Renovation is needed under HSS II–Phase 2
Yarmouk	MOH	Irbid	Renovation is needed under HSS II–Phase 2
Al-Bashir	MOH	Capital	Renovation is needed under HSS II–Phase 1
Princess Salma	MOH	Madaba	Renovation is needed under HSS II–Phase 2
Queen Rania	MOH	Ma'an	Renovation is needed under HSS II–Phase 2
South Shouneh	MOH	Balqa	Renovation is needed under HSS II–Phase 2
Karak	MOH	Karak	Under Renovation by MOH
King Hussein Medical Center	RMS	Capital	Newly Renovated by MOH
Prince Ali	RMS	Karak	Newly Renovated by RMS
Princess Haya	RMS	Aqaba	Is being replaced by a newly constructed hospital by RMS
Princess Raya	MOH	Irbid	Newly Renovated by MOH
Ramtha	MOH	Irbid	Newly Constructed by the Royal Court
Ruwaished	MOH	Mafraq	More of a Primary Health Care Facility
Zarqa	MOH	Zarqa	A new hospital is being constructed by MOH

Attachment J.6

Priority List of MOH Hospital Obstetric and Neonatal Departments Needing Renovation

No	Hospital Name	Ownership	Governorate	Total Deliveries in 2007	Occupancy Rate in Obstetric Dept. in 2007	Estimated Surface Area * (sq.m)	Estimated Costs in USD**
1	Al-Hussein-Al Salt	MOH	Balqa	4522	106%	970	1,468,221
2	Mafraq Ob/Gyn	MOH	Mafraq	5164	75%	2,150	2,192,797
3	Mu'ath Bin Jabal	MOH	Irbid	1085	76%	750	1,115,466
4	Yarmouk	MOH	Irbid	1159	75%	950	1,048,729
5	Princess Eman / Ma'adi	MOH	Balqa	1326	80%	750	1,105,932
6	Prince Zaid	RMS	Tafeeleh	2028	70%	1,300	1,487,288
7	Queen Alia	RMS	Amman	5520	80%	1,500	1,334,746
8	Al-Bashir	MOH	Amman	18,111	90%	4,300	2,850,738
9	South Shouneh	MOH	Balqa	1553	75%	810	1,280,656
10	Queen Rania	MOH	Ma'an	910	50%	780	755,475
11	Princess Salma	MOH	Madaba	882	50%	720	710,255
Total							**15,350,303**

***** The estimated surface area does not necessarily reflect the actual area to be renovated or the magnitude of the required renovations

****** Costs are based on actual figures provided by A&E firm during June 2008. Over the last few months Jordan has been experiencing a decline in the construction costs.

Attachment J.7

SELECTED KEY DOCUMENTS & WEBSITES

A. Documents:

1. Health System Strengthening Project documents and publications are available on their website www.hss.jo

Name of Publication	Language	Format
Training of Trainers Curriculum for Clinical Trainers	Arabic	Hard and electronic copies
Reproductive Health and Family Planning Clinical Guidelines	English	Hard and electronic copies
Adult Health Clinical Guidelines	English	Hard and electronic copies
Child Health and Integrated Management of Childhood Illnesses Clinical Guidelines	English	Hard and electronic copies
Primary Health Care/Reproductive Health Care Training Curriculum	English	Hard and electronic copies
Comprehensive Integrated Reproductive Health and Family Planning Counseling Curriculum for Trainees	Arabic	Hard and electronic copies
Policies and Procedures of Infection Prevention at Primary Health Care Centers	Arabic	Hard and electronic copies
Guidelines for Mobilizing the Community in the Area of Health Guidelines	Arabic and English	Hard and electronic copies
Guidelines for Health Promotion Interventions at MOH Health Centers	Arabic and English	Electronic copy
Health Promotion Training Modules	Arabic and English	Electronic copy
Clinical Training Supervisors Manual	Arabic	Hard and electronic copies
Emergency Care Training Module	English	Hard and electronic copies
Reproductive Tract Infections Guidelines	English	Hard and electronic copies
Intra Uterine Device Insertion Training Module for Physicians and Midwives	English	Hard and electronic copies
Tubal Ligation Clinical Guidelines for Physicians and Nurses	English	Hard and electronic copies
Essential Obstetric Care Clinical Guidelines for Physicians	English	Hard and electronic copies
The Essential Obstetric Care Competency Based Training Modules for Physicians	English	Hard and electronic copies
Midwifery Care Clinical Guidelines for Midwives	English	Hard and electronic copies
The Midwifery Care Competency Based Training Modules for Midwives	English	Electronic copy
Neonatal Care Clinical Guidelines for Physicians	English	Hard and electronic copies
The Neonatal Care Competency Based Training Modules for Physicians	English	Electronic copy
Neonatal Care Clinical Guidelines for Nurses	English	Hard and electronic copies
The Neonatal Care Competency Based Training Modules for Nurses	English	Electronic copy
The Hospital Safe Motherhood Committee Manual	English	Hard and electronic copies
The Hospital Safe Motherhood Committee Training Module	English	Electronic Copy
International Classification of Primary Health Care ICPC2 Guideline	Arabic	Hard and electronic copies

Name of Publication	Language	Format
Essential Services Package	English	Electronic Copy
Pocket Guide for Performance Monitoring	Arabic	Hard and electronic copies

OTHER TECHNICAL REPORTS & RESEARCH REPORTS

Name of Publication	Language	Format
Referral and Appointment System	English	Electronic copies
Missed opportunities for family planning counseling	English	Electronic copies
Service Providers' knowledge on how to manage IUD and OCs side effects	English	Electronic copies
PHC training needs assessment report	English	Electronic copy
Health promotion program assessment report	English	Electronic copy
MOH providers KAP study	English	Electronic copy

2. The Jordan 2007 DHS survey. The latest DHS was conducted in 2007 (Department of Statistics) http://www.dos.gov.jo/ from the MARCO website http://www.measuredhs.com/pubs/pub_details.cfm?id=860

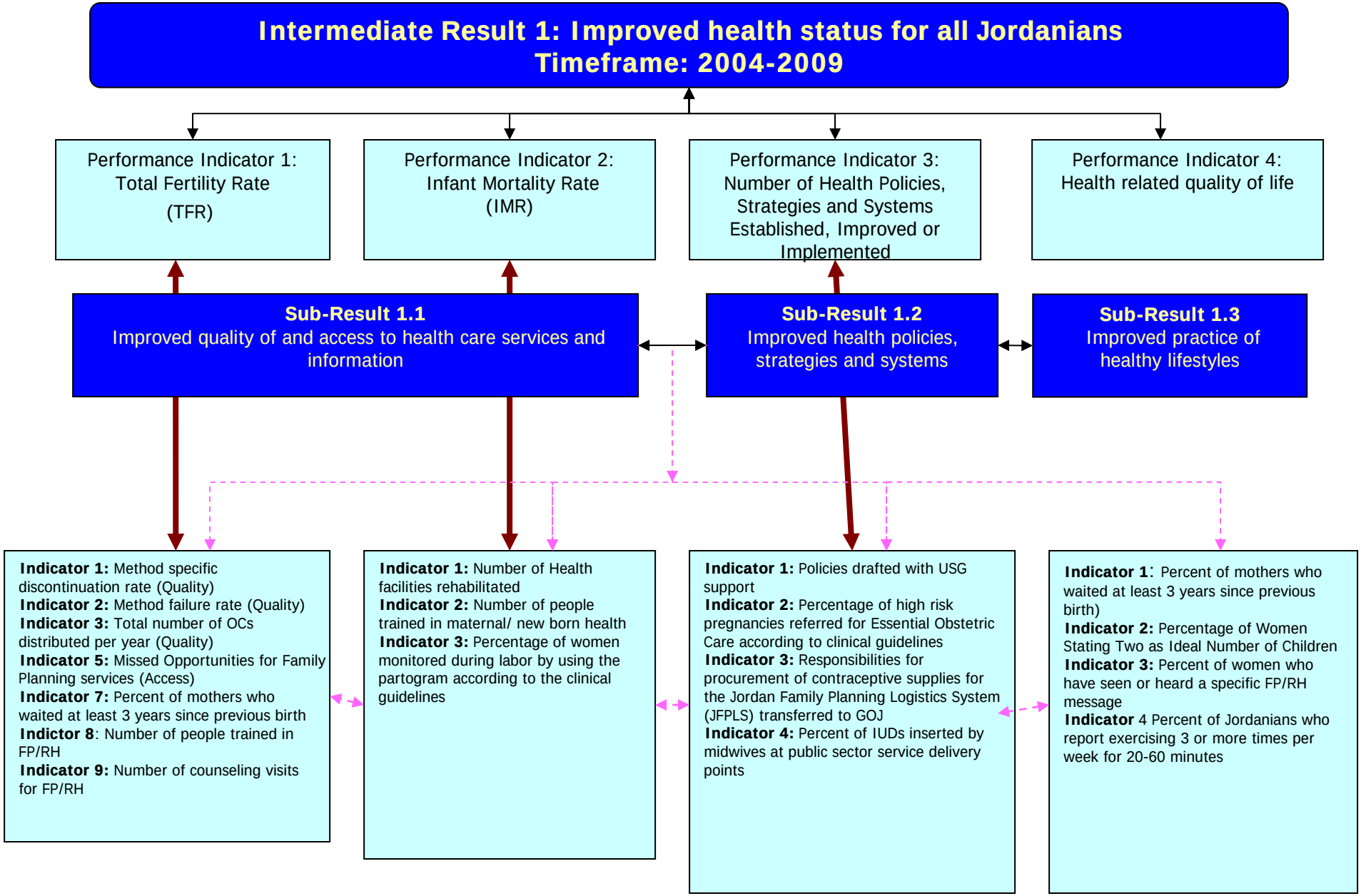
3. National Agenda http://www.nationalagenda.jo/

4. Ministry of Health Strategy, organizational chart, details about hospitals and health centers, MCH information system and Geographic information system. http://www.moh.gov.jo/

5. USAID Jordan strategic plan http://pdf.usaid.gov/pdf_docs/PDABZ632.pdf

Attachment J.8

SUMMARY of PFH PMP


Intermediate Result 1: Improved health status for all Jordanians
Timeframe: 2004-2009
Performance Indicator 1: Total Fertility Rate (TFR)
Performance Indicator 2: Infant Mortality Rate (IMR)
Performance Indicator 3: Number of Health Policies, Strategies and Systems Established, Improved or Implemented
Performance Indicator 4: Health related quality of life
Sub-Result 1.1 Improved quality of and access to health care services and information
Sub-Result 1.2 Improved health policies, strategies and systems
Sub-Result 1.3 Improved practice of healthy lifestyles
Indicator 1: Method specific discontinuation rate (Quality)
Indicator 2: Method failure rate (Quality)
Indicator 3: Total number of OCs distributed per year (Quality)
Indicator 5: Missed Opportunities for Family Planning services (Access)
Indicator 7: Percent of mothers who waited at least 3 years since previous birth
Indictor 8: Number of people trained in FP/RH
Indicator 9: Number of counseling visits for FP/RH
Indicator 1: Number of Health facilities rehabilitated
Indicator 2: Number of people trained in maternal/ new born health
Indicator 3: Percentage of women monitored during labor by using the partogram according to the clinical guidelines
Indicator 1: Policies drafted with USG support
Indicator 2: Percentage of high risk pregnancies referred for Essential Obstetric Care according to clinical guidelines
Indicator 3: Responsibilities for procurement of contraceptive supplies for the Jordan Family Planning Logistics System (JFPLS) transferred to GOJ
Indicator 4: Percent of IUDs inserted by midwives at public sector service delivery points
Indicator 1: Percent of mothers who waited at least 3 years since previous birth)
Indicator 2: Percentage of Women Stating Two as Ideal Number of Children
Indicator 3: Percent of women who have seen or heard a specific FP/RH message
Indicator 4 Percent of Jordanians who report exercising 3 or more times per week for 20-60 minutes

Attachment J.9

PAST PERFORMANCE Report Short-Form

CONTRACTOR PERFORMANCE REPORT - SHORT FORM
PART I: Contractor Information (to be completed by Prime)
1. Name of Contracting Entity:
2. Contract Number:
3. Contract Type:
4. Contract Value (TEC): (if subcontract, subcontract value)
5. Problems: (if problems encountered on this contract, explain corrective action taken)
6. Contacts: (Name, Telephone Number and E-mail address)
6a. Contracting officer:
6b. Technical Officer (COTR):
6c. Other:
7. Contractor:
9. Information Provided in Response to RFP No. :
PART II: Performance Assessment (to be completed by Agency)
1. Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness of the Prime in fixing problems. Comment:
2. Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:
3. Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:
4. Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subcontractors and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:
5. Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients where identified. Comment:

[Note: The actual dollar amount of subcontracts, if any, (awarded to the Prime) must be listed in Block 4 instead of the Total Estimated Cost (TEC) of the overall contract. In addition, a Prime may submit attachments to this past performance table if the spaces provided are inadequate; the evaluation factor(s) must be listed on any attachments.]

Attachment J.10

List of Commodities to be transferred from HSS to HSS II

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0819	1	Ford Windstar (Green)	4/10/2000	FORD	$27,350.00	Yes	N/A	The Commecial and Industrial Co.
1082	1	2006 Long Wheelbase Dodge caravan SE 3.3L FWD	5/6/2006	DODGE	$22,127.00	No	1	Bukkehave LTD. Denmark
2151	1	2006 Long Wheelbase Dodge caravan SE 3.3L FWD	5/6/2006	DODGE	$22,127.00	No	1	Bukkehave LTD. Denmark
2152	1	2006 Long Wheelbase Dodge caravan SE 3.3L FWD	5/6/2006	DODGE	$22,127.00	No	1	Bukkehave LTD. Denmark
4587	1	Dell Optiplex GX260 Computer, 2GHz., Pent IV ,256 DDRAM	03/21/03	GX260	$1,603.00	Yes	N/A	Intermarketing
4585	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
4589	1	Monitor, Dell 17" 28mm 1280x1024/	2/9/2000	VS-7e	$204.00	Yes	N/A	Alkantec
0800	1	Table for window, size 200x44x72 cm	11/23/1999	N/A	$121.47	No	N/A	Forum Furniture
0726	1	Hoover vacuum cleaner 1400 W	6/6/2005	S2040111	$459.00	No	1	Haidaer Murad & Sons
0599	1	Waiting room chairs model 104 with arms	7/31/2005	104	$33.90	No	N/A	Forum Furniture
4586	1	HP LaserJet 8150dn Printer, Power cord, System software	2/10/2006	8150dn	$3,293.04	No	N/A	ICS
04591	1	HP ScanJet 8250 Scanner, AC Power Adapter & Power Cord, Software (HP Photoimage, Omniform Prem 5, Photoshop Elements, Paperort Deluxe)	2/10/2006	8250	$914.89	No	1	ICS
0787-0788-0789-0790-0794	5	Table 120cmx80cm	8/17/2006	N/A	$124.40	No	N/A	Al Ramleh Showroom
0795	1	Binding machine	12/27/1999	N/A	$353.11	No	N/A	Electronic Service Center
4515	1	Chair reception and secretary Mod 315	11/23/1999	Mod 315	$110.71	No	N/A	Forum Furniture
0796	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$99.05	No	N/A	Forum Furniture
0667	1	Meeting table 200x100cm	2/24/2001	N/A	$256.36	No	N/A	Forum Furniture
0797	1	Meeting table 200x100cm	2/24/2001	N/A	$256.36	No	N/A	Forum Furniture
2097	1	Shredder EBA Bingo 220S	5/11/2000	Atlas C222	$388.42	No	N/A	Electronic Service Cent
0576	1	Suspension File cabinet w/3 drawers	2/24/2001	N/A	$93.22	No	N/A	Forum Furniture
0798	1	Wall cabinet, size 98x40x229	11/23/1999	N/A	$350.38	No	N/A	Forum Furniture
0799	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
2023	1	Canon Photocopier NP 6251	6/28/2007	NP 6251	$5,915.00	No	1	United Electronics
0863	1	AC wall mounted unit 1.5 ton	9/21/2008	G+1HWG018	$633.80	No	1	Al Mazar
0502	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
0536	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
1848	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0699	1	Desk, reception desk	11/23/1999	N/A	$494.35	No	N/A	Forum Furniture
0513	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
0577	1	Desktop Dell GX 150	10/11/01	Dell-DHM Kbr-RT7**D**00 Mouse-ECM-S5002	$2,275.00	Yes	N/A	JB Intrnl.
0807	1	Interface with attendance machine	08/12/03	N/A	$211.86	No	N/A	SoftNET

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0808	1	RTA-600, proximity time attendance recorder	07/09/02	N/A	$1,059.32	No	N/A	SoftNET
0524	1	Sofa, single	12/1/1999	N/A	$275.42	No	N/A	Forum Furniture
0515	1	Time Attendance System	08/12/03	N/A	$1,200.56	No	N/A	SoftNET
0504	1	Alcatel \ 4035	7/12/2005	4020	$169.50	No	3	ASCOTEL
0525	1	Sofa, seater	11/23/1999	N/A	$275.42	No	N/A	Forum Furniture
0516	1	Sofa, single seater	11/23/1999	N/A	$275.42	No	N/A	Forum Furniture
N/A	1	Gas Heater	12/27/2006	N/A	$92.00	No	N/A	Atif Abdaljawad
4909	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
4581	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
4901	1	Filing cabinet, 4 drawers	11/23/1999	N/A	$302.26	No	N/A	Forum Furniture
4906	1	Power ware UPS Model pw9120 , 1 KVA Double connection on line ups	08/26/02	PW 9120	$466.10	yes	N/A	Almanhal
4907	1	Table for window, size 200x44x72 cm	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
4910	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
04911	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
4902	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
4903	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
4908	1	Desk size 180cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-180	$209.32	No	N/A	Forum Furniture
4904	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
0572	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
4900	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
4905	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
1835	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4931	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$99.05	No	N/A	Forum Furniture
1836	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
4929	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4920	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4913	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
4912	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
4923	1	Desk size 140cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-140	$165.26	No	N/A	Forum Furniture
4924	1	Desk size 140cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-140	$165.26	No	N/A	Forum Furniture
4926	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
4921	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
4915	1	Side desk 80x45x72 cm Classic	8/9/2005	HOHSTD 11925	$87.57	No	N/A	Forum Furniture
4925	1	Side desk 80x45x72 cm Classic	8/9/2005	HOHSTD 11925	$87.57	No	N/A	Forum Furniture
4922	1	Side desk 80x45x72 cm Classic	8/9/2005	HOHSTD 11925	$87.57	No	N/A	Forum Furniture
4914	1	Xerox Copy Center C118	12/29/2005	C118	$1,695.00	No	1	Arabian office Automation Co.

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
4928	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
4927	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
4918	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
4917	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0044	1	Camera Kodak, Series 210 Plus zoom, digital camera with accessory kit (Damaged)	11/1/1999	210 Plus zoom	$557.00	No	N/A	MCO Computer Supplies
0966	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4930	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$100.45	No	N/A	Forum Furniture
0916	1	HP Officejet V40/P/C/S/F	10/31/2001	C8413A	$338.98	Yes	N/A	Comptronics, Inc
0917	1	Laser targeting range finder	7/8/2000	10075	$70.00	No	N/A	Sonin Inc.
0585	1	Laser targeting range finder	7/8/2000	10075	$70.00	No	N/A	Sonin Inc.
0919	1	Laser targeting range finder	7/8/2000	10075	$70.00	No	N/A	Sonin Inc.
0920	1	Laser targeting range finder	7/8/2000	10075	$70.00	No	N/A	Sonin Inc.
0053	1	Laser targeting range finder	7/8/2000	10075	$70.00	No	N/A	Sonin Inc.
0062	1	Table/ meeting, size round 100cm	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
4919	1	UPS Smart 2200 VA RM w/ V35 cable	8/7/2000	N/A	$179.38	Yes	N/A	Saadi Communication
0903	1	Suspension File cabinet with 4 drawers	2/4/2001	OSF004	$282.49	No	N/A	Forum Furniture
0904	1	Suspension File cabinet with 4 drawers	2/4/2001	OSF004	$282.49	No	N/A	Forum Furniture
0915	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0066	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0914	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
0901	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
0902	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
0912	1	Desk size 200x90x72cm, wooden/metal Classic	8/9/2005	FP-DSK-2-111-200	$275.42	No	N/A	Forum Furniture
0911	1	Side Desk size 120cm, wooden/metal Classic	8/9/2005	FP-DSK-2-111-120	$99.15	No	N/A	Forum Furniture
0907	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0910	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0909	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0908	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0675	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0045	1	Canon Powershot A20 Dig Camera	03/25/02	Powrshot A20	$354.50	No	N/A	CDW
0093	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
1839	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$100.45	No	N/A	Forum Furniture
4893	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
4894	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
5000	1	Credenza	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
4994	1	File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
4997	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0068	1	Canon Power Shot A95	9/25/2005	A95	$395.48	No	1	United Electronics (Canon)
0260	1	Canon Power Shot Pro 1	9/25/2005	Pro 1	$1,002.85	No	1	United Electronics (Canon)
1633	1	Desk size 180cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-180	$209.32	No	N/A	Forum Furniture
4992	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
4993	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
04998	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
N/A	1	Memory card for Canon Digital Camera Pro 1	10/17/2005	N/A	$169.49	No	N/A	United Electronics (Canon)
0693	1	Shelving unit 80x40x203	12/21/2005	N/A	$214.83	No	N/A	Forum Furniture
1047	1	Canon Digital Power shot S3 1S	10/28/2006	S3 1S	$0.00	No	1	First Gulf International, INC
0440	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4580	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4576	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
4578	1	Filing cabinet, 4 drawers	11/23/1999	N/A	$302.26	No	N/A	Forum Furniture
4584	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4575	1	Desk size 140cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-140	$165.26	No	N/A	Forum Furniture
4577	1	Meeting table Round 100cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
0795	1	DVD/Sharp DVD player model DV- SV 85	11/28/2005	DV- SV 85	$91.80	No	1	Haidaer Murad & Sons
04574	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
04579	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
N/A	2	Diplomat Sphygmomanometer	2/26/2007	N/A	$63.56	No	1	Jordan Medicare Group
N/A	2	Stethoscope	2/26/2007	N/A	$18.36	No	1	Jordan Medicare Group
N/A	1	Model 240-00001 neonatal resuscitation baby	5/14/2007	240-00001	$339.00	No	1	N/A
1735	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
1708	1	Dell Dimension XPS T Tower 500 'MHz	12/3/2000	N/A	$2,083.00	Yes	N/A	Intercom of America
1721	1	Dell Dimension XPS T Tower 500 'MHz	12/3/2000	N/A	$2,083.00	Yes	N/A	Intercom of America
1772	1	Dell Dimension XPS T Tower 500 'MHz	12/3/2000	L 328	$2,083.00	Yes	N/A	Intercom of America
1720	1	Dell Monitor, Dell 17"	12/3/2000	N/A	$0.00	No	N/A	Intercom of America
1719	1	Dell Monitor, Dell 17"	12/3/2000	N/A	$0.00	No	N/A	Intercom of America
1718	1	Printer, Canon	10/17/1999	BJC-660	$437.85	Yes	N/A	IABA (Imad & Partners)
0722	1	Shelving metal, size 200x100 cm	11/23/1999	N/A	$134.18	No	N/A	Forum Furniture
0723	1	Shelving metal, size 200x100 cm	11/23/1999	N/A	$134.18	No	N/A	Forum Furniture
0377	1	View Sonic 19" Monitor	10/11/01	VCDTS22039-27	$0.00	Yes	N/A	JB Intrnl.
2799	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
2798	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
4605	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4606	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0823	1	Dell 17" LCD Monitor	08/12/02	DP/N 09G077	$974.58	Yes	N/A	Btech
04600	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
04604	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
4602	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4603	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
1909	1	Desk size 140cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-140	$165.26	No	N/A	Forum Furniture
4593	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing
4895	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4599	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$99.05	No	N/A	Forum Furniture
4598	1	Connected Extension desk 80*40*72 cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
4509	1	Dell Optiplex GX260 Computer, 2GHz., Pent IV ,256 DDRAM	03/21/03	GX260	$1,603.00	Yes	N/A	Intermarketing
4594	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
4592	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
4597	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0663	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0543	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0546	1	Filing cabinet, 3 drawers	12/1/1999	N/A	$238.70	No	N/A	Forum Furniture
0547	1	Laser targeting range finder	7/8/2000	10075	$70.00	No	N/A	Sonin Inc.
0670	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0549	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0684	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
0550	1	Desk size 160cm, wooden/Metal Classic	12/21/2005	N/A	$180.00	No	N/A	Forum Furniture
0551	1	4 Drawers unit on wheels	12/21/2005	N/A	$104.50	No	N/A	Forum Furniture
0552	1	Side extension size 80x50x72	12/21/2005	N/A	$87.60	No	N/A	Forum Furniture
0553	1	Filling cabinet with 2 doors 80x40x203	12/21/2005	N/A	$154.24	No	N/A	Forum Furniture
0554	1	Shelving unit 80x40x203	12/21/2005	N/A	$214.83	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0557	1	Dell Latitude D810 P4, M770, 2.13 Ghz w/ATI X600, 128 MBV/512MB , XP Pro, 9 Cell / 80 WHR Battery, leather Carrying Case, UK Power Cord, Dell wireless 350 Bluetooth Module, D/Port Port Replicator , Software (Applications, Operating Systems)	2/10/2006	D810	$2,507.36	No	1	ICS
1842	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
1841	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0573	1	Connected Extension desk 80*40*72 cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
4899	1	Dell Optiplex GX260 Computer, 2GHz., Pent IV ,256 DDRAM	03/21/03	GX260	$1,603.00	Yes	N/A	Intermarketing
0574	1	Desk, size 140cm, with 3 drawers	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
1837	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
1846	1	Table/ meeting, size round 100cm	2/24/2001	N/A	$215.40	No	N/A	Forum Furniture
4858	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0524	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
4822	1	Chair reception and secretary Mod 315	11/23/1999	Mod 315	$110.71	No	N/A	Forum Furniture
4838	1	Chair w/gas tilt and arms	06/17/02	N/A	$64.36	No	N/A	Forum Furniture
0544	1	Chair w/gas tilt and arms	06/17/02	N/A	$64.36	No	N/A	Forum Furniture
04833	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$67.80	No	N/A	Forum Furniture
4835	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
4834	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
04839	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0537	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
04843	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0537	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
04843	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4836	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4829	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4841	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4837	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4840	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4832	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4842	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4834	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
04830	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$99.05	No	N/A	Forum Furniture
0841	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
0842	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
04976	1	Desktop Dell GX 150	10/11/01	Dskt-DHM Kbr-RT7**D**00 Mouse-ECM-S5002	$2,184.00	Yes	N/A	JB Intrnl.
4538	1	Desktop Dell GX 150	10/11/01	Dskt-4HM Kbr -RT7D00 Mouse-ECM-S5002	$2,297.00	Yes	N/A	JB Intrnl.
4539	1	Desktop Dell GX 150	10/11/01	Dell-4HM Kbr-RT7**D**00 Mouse-ECM-S5002	$2,275.00	Yes	N/A	JB Intrnl.
4537	1	Desktop Dell GX 150	10/11/01	Dell-DHM Kbr-RT7D00 Mouse-ECM-S5002	$2,275.00	Yes	N/A	JB Intrnl.
0555	1	Monitor, KDS 17" 28mm 1280x1024/	2/9/2000	VS-7e	$204.00	Yes	N/A	Alkantec
04804	1	Scanner, HP	3/6/2000	N/A	$762.71	Yes	N/A	Megatech
04974	1	Table/ projector, size 60x40x90	11/23/1999	N/A	$80.51	No	N/A	Forum Furniture
04979	1	DA Lite Overhead Projector	11/20/2001	N/A	$750.00	No	N/A	JB Intrnl.

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0709	1	View Sonic 19" Monitor	10/11/01	VCDTS22039-27	$0.00	Yes	N/A	JB Intrnl.
04803	1	View Sonic M781P 17" Monitor	10/11/01	VCDTS22038-1M	$0.00	Yes	N/A	JB Intrnl.
04802	1	View Sonic M781P 17" Monitor	10/11/01	VDDTS22038-1M	$0.00	Yes	N/A	JB Intrnl.
04977	1	IBM T540 15" LCD Monitor part of a price package	09/11/02	T540	$0.00	No	1	UBM
0825-0840	15	Table 160X60X72cm without front panel & without side panel	7/31/2005	N/A	$166.10	No	N/A	Forum Furniture
0801-0824	23	Waiting room chairs model 104 with arms	7/31/2005	104	$33.90	No	N/A	Forum Furniture
4975	1	Cabinet	10/20/2005	N/A	$621.47	No	N/A	Adel Aref Saed
4576	1	DVD External LG 16X	11/22/2005	N/A	$141.25	No	NO	International Technology Team
04805	1	Wireless hand-held Microphone System 174.500MHz	11/28/2005	TX1010	$388.41	No	1	Technolinks
04806	1	Wireless hand-held Microphone System 184.175MHz	11/28/2005	TX1030	$388.41	No	1	Technolinks
0234	1	Wireless tie-clip Microphone System 237.775 MHz	11/28/2005	PX1070/LA1000	$402.60	No	1	Technolinks
04808	1	5 Input, 120 watt mixer amplifier	11/28/2005	AM1122	$670.90	No	1	Technolinks
N/A	1	8/12 watt 100/70 volt full range ceiling speaker	11/28/2005	HS1026w	$395.50	No	1	Technolinks
N/A	1	Speaker Selector panel for 2 rooms	11/28/2005	N/A	$148.30	No	1	Technolinks
N/A	1	Cables, connectors & accessories	11/28/2005	N/A	$247.16	No	1	Technolinks
0821	1	Pull Screen MSC 2520	5/23/2006	N/A	$248.59	No	N/A	Spectra Trading Est.
0733	1	Podium	9/4/2006	N/A	$367.23	No	N/A	Jubilee for Furniture
1703	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
1704	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
1724	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4958	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4814	1	Connected Extension desk 80*40*72 cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
04990	1	Desk 200x74x90cm	11/23/1999	N/A	$348.87	No	N/A	Forum Furniture
0239	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
04980	1	Lockable Cabinet w/2 wood doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
04982	1	Lockable Cabinet w/2 wood doors	06/17/02	N/A	$232.68	No	N/A	Forum Furniture
04984	1	Table/ meeting, size round100cm	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
4981	1	Suspension File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
4986	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4988	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$201.30	No	N/A	Forum Furniture
4985	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
04987	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
04989	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
4983	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
1840	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$99.05	No	N/A	Forum Furniture
4963	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
4965	1	Filing cabinet, 2 drawers	12/1/1999	N/A	$158.19	No	N/A	Forum Furniture
4955	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
4956	1	Lockable Cabinet w/2 wood doors	12/1/1999	N/A	$272.60	No	N/A	Forum Furniture
4960	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
4962	1	Safe Box	3/23/2000	Safeguard SD 103T	$225.99	No	N/A	Electronic Service Cent
1734	1	Super stack 3 Baseline 24-port10/100 switch	07/11/02	N/A	$635.59	Yes	N/A	Ideal Tech
4961	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4964	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
4957	1	HP LaserJet 2840 Printer , Power cord , Telephone cord , Software	2/10/2006	HP 2840	$1,076.10	No	1	ICS
4953	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4954	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
1739	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4950	1	Desk 180x80x72cm	2/24/2001	N/A	$250.71	No	N/A	Forum Furniture
4952	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
4948	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
4951	1	Suspension File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
4949	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4947	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
1741	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
2194	1	Credenza	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
0325	1	Crystal reports 9 Developer Version Upgrade, English	08/26/02	DVUCC90-ESD	$324.37	No	N/A	Digital River
0326	1	Dell Optiplex GX260 Computer, 2GHz., Pent IV ,256 DDRAM	03/21/03	GX260	$1,603.00	Yes	N/A	Intermarketing
1966	1	Desk 160x72x72cm	2/24/2001	N/A	$227.40	No	N/A	Forum Furniture
1608	1	Executive chair high back reclining /with castor & hydraulic action with arms	10/19/2002	N/A	$156.78	NO	NO	Forum Furniture
1914	1	File cabinet 169x42 with 2 wooden drawers & glass	3/15/2001	N/A	$326.27	No	N/A	Forum Furniture
1927	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
1917	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0726	1	Printer, HP LJ 2100, workstation laser	9/25/2000	C4172A	$800.00	Yes	N/A	ICS
1933	1	Table, size 100*60*72 cm	11/23/1999	N/A	$173.73	No	N/A	Forum Furniture
1932	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
1633	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DSK-2-111-180	$209.32	No	N/A	Forum Furniture
1906	1	Meeting table Round 80cm F/W	8/9/2005	FP-MET-2-100 001	$192.01	No	N/A	Forum Furniture
1988	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
1918	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
1980	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
1713	1	Dell Latitude D810 P4, M770, 2.13 Ghz w/ATI X600, 128 MBV/512MB , XP Pro, 9 Cell / 80 WHR Battery, leather Carrying Case, UK Power Cord, Dell wireless 350 Bluetooth Module, D/Port Port Replicator , Software (Applications, Operating Systems)	2/10/2006	D810	$2,507.36	No	1	ICS
1905	1	Dell Latitude D810 P4, M780, 2.26 Ghz XP Pro., Arabic Keyboard Overlay w/ Instructions Mouse pad, Power cord, Firewire Cardbus 1394, Software (Operating Systems, Sonic Record Now, Cyberlink PowerDVD, D/port Advance Port Replicator, Leather Carrying Case (	2/10/2006	D810 P4	$3,153.40	No	1	ICS
0434	1	Captivate Macromedia	7/24/2006	N/A	$500.00	No	N/A	USA
1706	1	Seaget hard disk Drive 400GB USB 2.0/1394a	11/22/2006	N/A	$375.00	No	N/A	Smart Data for Computers & Systems
0185	1	Laptop Fujitsu Siemens Lifebook C1410 (	6/14/2007	C1410	$1,554.00	No	N/A	General Computer & Electronics Co.
1401	1	Digital Satalite Receiver	1/8/2009	425074302	$56.33	No	1	Al Masri
4933	1	Coffee table 40x40x40cm	2/24/2001	N/A	$67.80	No	N/A	Forum Furniture
0292	1	Corner Link	11/23/1999	N/A	$63.56	No	N/A	Forum Furniture
0294	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
0295	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$179.38	No	N/A	Forum Furniture
0461	1	Printer, HP 4050 TN	9/25/2000	C4254A	$1,872.00	Yes	N/A	Alkantec
0297	1	Sofa, 2 seater	11/23/1999	N/A	$437.85	No	N/A	Forum Furniture
0298	1	Table, coffee, size 60x60 cm	11/23/1999	N/A	$60.73	No	N/A	Forum Furniture
0098	1	Table/ coffee, size 40x40	11/23/1999	N/A	$55.08	No	N/A	Forum Furniture
0299	1	Table/ meeting, size round 100cm	2/24/2001	N/A	$215.40	No	N/A	Forum Furniture
0300	1	Suspension File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
4972	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4971	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
4844	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
4967	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
4969	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
4968	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
4970	1	TV/Sharp TV Multi system Model 14D1	11/28/2005	14 D1	$111.60	No	1	Haidaer Murad & Sons
0469	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0310	1	AC wall mounted unit 1.5 ton	5/21/2006	HWC018H	$599.00	No	1	Al Mazar
4940	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
04828	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
4944	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0312	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
04945	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
4939	1	Dell Optiplex GX260 Computer, 2GHz., Pent IV ,256 DDRAM	03/21/03	GX260	$1,603.00	Yes	N/A	Intermarketing
4943	1	Desk Extension/w Keyboard carrier	11/23/1999	N/A	$98.87	No	N/A	Forum Furniture
1738	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
04937	1	Lockable Cabinet w/2 wood doors	06/17/02	N/A	$232.68	No	N/A	Forum Furniture
0720	1	Table for window, size 100x44x72 cm	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
4941	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
1810	1	Laptop Fujitsu Siemens Lifebook C1410	6/14/2007	C1410	$1,554.00	No	N/A	General Computer & Electronics Co.
0321	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing
1743	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
1716	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
1715	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$99.05	No	N/A	Forum Furniture
1767	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
1745	1	Printer, Canon	10/17/1999	BJC-660	$437.85	Yes	N/A	IABA (Imad & Partners)
1742	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
1707	1	Desk size 180cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-140	$209.32	No	N/A	Forum Furniture
1744	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0435	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0401	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
0047	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
0186	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0396	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0194	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
0347	1	Desk 200x74x90cm	2/24/2001	N/A	$349.58	No	N/A	Forum Furniture
0397	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0193	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$179.38	No	N/A	Forum Furniture
0196	1	Table/Table for computer	11/23/1999	N/A	$151.13	No	N/A	Forum Furniture
0398	1	Suspension File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
0190	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0199	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$201.30	No	N/A	Forum Furniture
0346	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
0296	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
0624	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
0158	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
0293	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0291	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
04816	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
04811	1	Filing cabinet, 2 drawers	12/1/1999	N/A	$158.19	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
4812	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0681	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$201.30	No	N/A	Forum Furniture
4819	1	Desk size 180cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-180	$209.32	No	N/A	Forum Furniture
04809	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
04813	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
0494	1	Meeting table Round 80cm F/W	8/9/2005	FP-MET-2-100 001	$192.01	No	N/A	Forum Furniture
4820	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
4823	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
4855	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
04818	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
4824	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0458	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
4530	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
4521	1	Credenza	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
1736	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
4525	1	Filing cabinet, 3 drawers	12/1/1999	N/A	$238.70	No	N/A	Forum Furniture
4522	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
1843	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
4526	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
1737	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
4527	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
04524	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
04523	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
4501	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
0556	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
1844	1	Dell Optiplex GX260 Computer, 2GHz., Pent IV ,256 DDRAM	03/21/03	GX260	$1,603.00	Yes	N/A	Intermarketing
04502	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
4503	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
4505	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$220.34	No	N/A	Forum Furniture
4514	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4506	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
0653	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
0472	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
1843	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
4588	1	Connected Extension desk 80*40*72 cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0567	1	Dell Optiplex GX260 Computer, 2GHz., Pent IV ,256 DDRAM	03/21/03	GX260	$1,603.00	Yes	N/A	Intermarketing
4511	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
04512	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
4510	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0783	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0773	1	Cisco Switch 48 Ports	2/12/2001	WS-C3584-XL-EN	$3,324.86	No	N/A	UBM
0774	1	Desk Extension/w Keyboard carrier	11/23/1999	N/A	$98.87	No	N/A	Forum Furniture
0754	1	Desktop Dell GX 150	10/11/01	Dskt-DHM Kbr-RT7**D**00 Mouse-ECM-S5002	$2,226.00	Yes	N/A	JB Intrnl.
0775	1	Filing Cabinet all Shelves 80x42x169	12/1/1999	N/A	$272.60	No	N/A	Forum Furniture
0750	1	Hard drive 2x9 GB SCSI Hard Drive	4/2/2000	N/A	$899.00	Yes	N/A	ICS
0751	1	Processor, additional Intel P-III 550 MHz Xeon	4/2/2000	N/A	$427.00	Yes	N/A	ICS
0130	1	Router, Cisco1601	10/10/2000	N/A	$1,553.67	Yes	N/A	Global One
0752	1	Server, Micron NetFrame 5200P-III 550, MHz Xeon	4/2/2000	N/A	$7,690.00	Yes	N/A	ICS
0404	1	SharpGrid	07/18/02	N/A	$259.00	No	N/A	Data Dynamics
0564	1	Shelves, all open, size 80x42x207	11/23/1999	N/A	$259.34	No	N/A	Forum Furniture
0406	1	Statistics with Stata	01/03/03	N/A	$44.75	No	N/A	Stata Statistical Software
0407	1	Stata 7 Special Edition	01/03/03	Stata/ SE 8.0 single user	$12,225.00	No	N/A	Stata Statistical Software
0771	1	Super stack 3 baseline Switch 24 port	07/17/02	N/A	$635.59	Yes	N/A	Ideal Tech
0409	1	WIS 9 professional	08/27/02	N/A	$849.15	No	N/A	Wise Solutions
0753	1	Xser 200 1.26G 512 128/OHD * 18.2 GB-rpm U160 HS SL * 24x10X40 Max Black CD * T540 15.0in LCD 15.0v Blk	09/11/02	IS847960X553627R	$3,241.53	No	N/A	UBM
0764	1	IBM T540 15" LCD Monitor part of a price package	09/11/02	T540	$0.00	No	1	UBM
0747	1	Xser 220 1.26G 512 256/OHD * 73.4 GB-rpm U160 HS SL * 20/40 GB Dss/4 Internal Tape Drive * 24x10X40 Max Black CD * Ultra 160 SCSI Adapter * T540 15.0in LCD 15.0v Blk	09/11/02	IS8646AX552295M	$5,905.37	No	N/A	UBM
0778	1	Switch/ 5-port switch	4/12/2005	TL-SF1005D	$28.25	No	N/A	Ghazal for Computers
0779	1	ALCATEL 4035 Operator / digital and multi interfaces 60/analogue extensions interfaces 8/ Analogue trunk line 8/ internal music on hold / call by name & phone book	7/12/2005	4035	$3,248.60	No	3	ASCOTEL
0780	1	Tellular (Cell Rout)	7/12/2005	N/A	$211.86	No	3	ASCOTEL
0777	1	Voicemail	7/12/2005	N/A	$536.72	No	3	ASCOTEL
0769	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0766	1	LINKSYS Wireless - G Broadband Router / Speed Booster	8/2/2005	WRT54GS V1.1	$113.00	No	1	International Technology Team
0767	1	AC wall mounted unit	8/21/2005	G+IHWG012R5 AF	$151.13	No	1	Al Mazar
0768	1	Cabinet, 28 U free stand cabinet w/ fans, shelf & 6 way power distribution	5/30/2005	28 U	$635.59	No	N/A	Shoukerat & Co

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0763	1	Server HP ProLaint ML370G4 Intel Xeon 3.2 GHz Processor Server	9/22/2005	374489-421	$3,608.78	No	1	Computer & Communications Systems
0765	1	KVN Switch 8 port Trendnet	11/8/2005	KVM8Port	$296.60	No	NO	International Technology Team
0776	1	Check Point VPN-1	2/26/2006	VPN-1 Edge SBX-166L HGE-3	Gift from Abt	No	N/A	N/A
0782	1	Check Point VPN-1	6/18/2006	VPN-1 Edge SBX-166L HGE-3	Gift from Abt	No	N/A	N/A
N/A	50	Windows Server 2003, Standard Edition	2/10/2006	N/A	$20.56	No	N/A	ICS
N/A	1	MS Exchange Server 2003,Standard	2/10/2006	N/A	$531.12	No	N/A	ICS
N/A	50	MS Exchange Server 2003,Standard Edition	2/10/2006	N/A	$47.63	No	N/A	ICS
N/A	1	Upgrade Stata SE8 to Stata SE9	2/10/2006	N/A	$715.61	No	N/A	ICS
N/A	1	Veritas Backup Exec 10 for Windows	2/10/2006	N/A	$510.07	No	N/A	ICS
N/A	1	Veritas Backup Exec Agent	2/10/2006	N/A	$612.30	No	N/A	ICS
N/A	2	MS Office Project Pro 2003	2/10/2006	N/A	$611.00	No	N/A	ICS
N/A	2	MS Visio Pro 2003	2/10/2006	N/A	$307.00	No	N/A	ICS
N/A	1	MS Visual Pro 2003	2/10/2006	N/A	$406.00	No	N/A	ICS
N/A	1	Adobe Photoshop CS2	2/10/2006	N/A	$570.00	No	N/A	ICS
N/A	2	Adobe Acrobat 7.0 Pro	2/10/2006	N/A	$206.00	No	N/A	ICS
N/A	1	Adobe Illustrator CS2	2/10/2006	N/A	$442.00	No	N/A	ICS
N/A	1	McAfee Active Mail	2/10/2006	N/A	$1,250.00	No	N/A	ICS
N/A	1	CorelDraw Graphics Suite 12	2/10/2006	N/A	$147.43	No	N/A	ICS
N/A	1	SPSS Data Entry Builder 4.0	2/10/2006	N/A	$1,110.54	No	N/A	ICS
N/A	1	SPSS Data Entry Station 4.0	2/10/2006	N/A	$265.80	No	N/A	ICS
N/A	1	Norton System Works 2005 Premier Edition	2/10/2006	N/A	$74.20	No	N/A	ICS
1497	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
4976	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0482	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0762	1	Dell Poweredge 1800 Server w/Dell Powervault Tape Drive Dual Xeon Proc 3.0 800MHz, USB Keyboard, Dell Optical Mouse w/cord, Power cord set 2 , Twin Powercord, Dell Poweredge Intallation Desk, Roxio Intallation CD, DLT VS 160 Cleaning Tape, Power Cord 10	2/10/2006	Poweredge 1800 server	$7,058.50	No	1	ICS

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0761	1	Dell Poweredge 1800 Server w/Dell Powervault Tape Drive Dual Xeon Proc 3.0 800MHz, USB Keyboard, Dell Optical Mouse w/cord, Power cord set 2 , Twin Powercord, Dell Poweredge Intallation Desk, Roxio Intallation CD, DLT VS 160 Cleaning Tape, Power Cord 10	2/10/2006	Poweredge 1800 server	$7,058.50	No	1	ICS
N/A	60	DLT Tape VSI 80gb/160gb	2/10/2006	N/A	$0.00	No	1	ICS
0772	1	48-port Switch, Trendware Intl. Model TEG -448WS , 100-240 V 50/60 HZ	3/13/2006	TEG-448WS	$860.88	No	1	ICS
0429	1	Adobe In Design CS2 ME & Media CD	5/3/2006	N/A	$643.00	No	N/A	Modern Systems & Computer Trade
0430	1	SPSS Base 14.0 for Windows	6/6/2006	N/A	$1,603.52	No	N/A	SPSS
0431	1	SPSS data entry builder 4.0	6/6/2006	N/A	$1,252.52	No	N/A	SPSS
0432	1	SPSS Data entry station 4.0	6/6/2006	N/A	$300.00	No	N/A	SPSS
N/A	3	1 GB moudule for a Dell latitude D810 System (A0451762)	4/24/2005	N/A	$119.00	No	N/A	Dell Computer Company
N/A	5	512 MB moudule for a Dell latitude D810 System (A0451761)	4/24/2005	N/A	$61.00	No	N/A	Dell Computer Company
0781	1	AROS UPS Sentinel 5 Plus KVA With a NETMAN Eather net Card 102	8/22/2006	AROS PLUS	$3,937.23	No	1	Tower Telcom Technology Solutions
0566	1	Wood/ metal table	12/5/2006	N/A	$395.00	No	N/A	Adel Aref Said
0862	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$67.80	No	N/A	Forum Furniture
1846	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
0048	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0456	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0441	1	Desk 140x72x72cm	8/27/2000	N/A	$213.28	No	N/A	Forum Furniture
0443	1	Filing Cabinet all Shelves 80x42x169	11/23/1999	N/A	$179.38	No	N/A	Forum Furniture
0444	1	Shelves, size 80x42x169 cm H/H	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
4810	1	Table/ meeting, size round 100cm	2/24/2001	N/A	$215.40	No	N/A	Forum Furniture
0445	1	Suspension File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
0446	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0793	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0448	1	Wooden 4 drawer unit on wheels Classic	8/9/2005	FP-DRU-2-111-400	$104.66	No	N/A	Forum Furniture
0450	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0451	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0452	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0473	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0485	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0457	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
1846	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
4935	1	Coffee table 40x40x40cm	2/24/2001	N/A	$87.57	No	N/A	Forum Furniture
0459	1	Desk 200x74x90cm	2/24/2001	N/A	$349.58	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0460	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
04934	1	Printer, HP LJ 2100, workstation laser	9/25/2000	C4172A	$800.00	Yes	N/A	ICS
0463	1	Table/ meeting, size round 100cm	2/24/2001	N/A	$215.40	No	N/A	Forum Furniture
0464	1	Suspension File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
0465	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4936	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$201.30	No	N/A	Forum Furniture
0493	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
0466	1	Filling cabinet with 2 doors 80x40x203	12/21/2005	N/A	$154.24	No	N/A	Forum Furniture
4897	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
03202	1	laptop, Lenovo thinkpad T61, with Essential port replicator, AC adapter	10/10/2007	M1A62HB	$2,659.00	No	1	N/A
0664	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0474	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
0475	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
0476	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0477	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0478	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0479	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
0480	1	Filing Cabinet with 2 doors Classic 203x40x80	8/9/2005	N/A	$214.83	No	N/A	Forum Furniture
0481	1	Round Table 80cm	12/21/2005	N/A	$180.00	No	N/A	Forum Furniture
1845	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0483	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
1061	1	GYN/AID Gynecologic Simulator Model S503, 7 Abnormal Uteros, 6 Abnormal Cervics, small bag , carrying bag	10/28/2006	GYN/AID	$495.00	No	1	First Gulf International, INC
1062	1	GYN/AID Gynecologic Simulator Model S503, 7 Abnormal Uteros, 6 Abnormal Cervics, small bag , carrying bag	10/28/2006	GYN/AID	$495.00	No	1	First Gulf International, INC
1067	1	Gaumard breast examination model S230.43	10/28/2006	S230.43	$390.00	No	1	First Gulf International, INC
N/A	1	Germed IUD Insertion Kit,Schroeder Braun Tennaclum Multi-Thoothed 9" GU15-127, Sims Sound, Graduated In CM3, GU15-13, Thumbs Dressing Forceps 12" Sterrated Gu12-05, Forster Spnge Forceps (Ring) 9 1/2', Gu11-13, Graves Vaginal Speculum medium GU15-03	10/28/2006	N/A	$60.00	No	1	First Gulf International, INC
4959	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing
4700	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing
4601	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing
0635	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
4995	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc

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4568	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
N/A	1	A Handbook of statistical Analysis using Stata	01/03/03	N/A	$41.75	No	N/A	Stata Statistical Software
N/A	1	A short Introduction to Stata for Biostatistics	01/03/03	N/A	$32.75	No	N/A	Stata Statistical Software
N/A	1	An introduction to Survival Analysis Using Stata	01/03/03	N/A	$52.00	No	N/A	Stata Statistical Software
1485	1	BUHL model 1271 Overhead Projector	10/11/01	1271	$189.00	No	N/A	Intermarketing
1486	1	BUHL model 1271 Overhead Projector	10/11/01	1271	$189.00	No	N/A	Intermarketing
4548	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
4547	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
4565	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
4552	1	Compaq EVO N800V Notebook with Intel 4 1.7GHz Processor	10/15/02	EVO N800V	$2,570.62	No	N/A	JDS
0576	1	Dell Insperation 8200 Laptop Computer PIV	07/02/02	8200	$2,083.00	NO	N/A	Comptronics, Inc
4564	1	Dell Insperation 8200 Laptop Computer PIV	07/02/02	8200	$2,083.00	NO	N/A	Comptronics, Inc
4544	1	Desk 160x72x72cm	11/23/1999	N/A	$354.52	No	N/A	Forum Furniture
4543	1	Desktop Dell GX 150	10/11/01	Dell-DHM Kbr-RT7D00 Mouse-ECM-S5002	$2,441.00	Yes	N/A	JB Intrnl.
4541	1	Desktop Dell GX 150	10/11/01	Dskt-DHM Kbr-RT7D00 Mouse-ECM-S5002	$2,297.00	Yes	N/A	JB Intrnl.
4536	1	Desktop Dell GX 150	10/11/01	Dskt-DHM Kbr-RT7D00 Mouse-ECM-S5002	$2,297.00	Yes	N/A	JB Intrnl.
4558	1	Filing Cabinet all Shelves 80x42x169	10/13/1999	N/A	$254.24	No	N/A	Forum Furniture
1711	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
0579	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
4996	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
N/A	1	Introduction to Stata multimedia CD	01/03/03	N/A	$29.00	No	N/A	Stata Statistical Software
4553	1	Laptop Computer Dell Inspiron 8000	10/11/01	PP01X	$3,046.99	Yes	N/A	JB Intrnl.
4554	1	Laptop Computer Dell Inspiron 8000	10/11/01	PP01X	$3,047.00	Yes	N/A	JB Intrnl.
0125	1	Laptop Computer Dell Inspiron 8000	10/11/01	PP01X	$3,047.00	Yes	N/A	JB Intrnl.
4556	1	Laptop IBM TA22P 1.OG 256 128	8/26/2001	TA2UTEK	$4,362.99	No	N/A	UBM
1493	1	Overhead Projector 3M	7/31/2000	N/A	$1,165.00	Yes	N/A	ICS
4557	1	Overhead Projector 3M	7/31/2000	N/A	$1,165.00	Yes	N/A	ICS
0770	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4560	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
4534	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
4566	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
04973	1	Dell Latitude D810 P4, M770, 2.13 Ghz w/ATI X600, 128 MBV/512MB , XP Pro, 9 Cell / 80 WHR Battery, leather Carrying Case, UK Power Cord, Dell wireless 350 Bluetooth Module, D/Port Port Replicator , Software (Applications, Operating Systems)	2/10/2006	D810	$2,507.36	No	1	ICS
4542	1	Dell Latitude D810 P4, M780, 2.26 Ghz XP Pro., Arabic Keyboard Overlay w/ Instructions Mouse pad, Power cord, Firewire Cardbus 1394, Software (Operating Systems, Sonic Record Now, Cyberlink PowerDVD, D/port Advance Port Replicator, Leather Carrying Case	2/10/2006	D810 P4	$3,153.40	No	1	ICS
0290	1	Dell Latitude D810 P4, M780, 2.26 Ghz XP Pro., Arabic Keyboard Overlay w/ Instructions Mouse pad, Power cord, Firewire Cardbus 1394, Software (Operating Systems, Sonic Record Now, Cyberlink PowerDVD, D/port Advance Port Replicator, Leather Carrying Case	2/10/2006	D810 P4	$3,153.40	No	1	ICS
0275	1	Light Wave Switch 8 Port	6/29/2006	LW-8PSW	$23.94	No	N/A	International Technology Team
4549	1	Toshiba TDP S8EU Data Show Projector	7/2/2006	S8EU	$929.60	No	1	Scientific & Medical Supplies Co.
4550	1	Toshiba TDP S8EU Data Show Projector	7/2/2006	S8EU	$929.60	No	1	Scientific & Medical Supplies Co.
4562	1	Laptop Compaq Presario	From JSI	Compaq Presario	N/A	No	N/A	N/A
0433	1	light wave Switch 8 port	8/9/2006	LW-8PSW	$24.00	No	N/A	International Technology Team
0435	1	Cerative Inspire 4400 4.1	8/14/2006	4400 4.1	$52.26	No	N/A	PC ZONE
N/A	1	Cerative headset	8/14/2006	HS-350	$20.97	No	N/A	PC ZONE
N/A	1	Logitec MM001 sport Graphite Headphone	8/14/2006	MM001	$14.62	No	N/A	PC ZONE
N/A	2	Labtec Desk Microphone	8/14/2006	543	$14.12	No	N/A	PC ZONE
N/A	1	Fellowes 100 Piece maintenance tool set	4/9/2008	N/A	$66.00	No	1	Scientific & Medical Supplies Co.
0826	1	Toshiba TDP -S35EU data show projector	8/15/2006	S35EU	$932.00	No	1	Scientific & Medical Supplies Co.
1488	1	Toshiba TDP -S35EU data show projector	8/15/2006	S35EU	$932.00	No	1	Scientific & Medical Supplies Co.
0824	1	Toshiba TDP -S35EU data show projector	8/15/2006	S35EU	$932.00	No	1	Scientific & Medical Supplies Co.

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4555	1	Toshiba TDP -S35EU data show projector	8/15/2006	S35EU	$932.00	No	1	Scientific & Medical Supplies Co.
N/A	1	Microsoft Windows Server 2003 CD	5/30/2007	N/A	$0.00	Yes	1	Scientific & Medical Supplies Co.
N/A	4	Microsoft office 2003 Pro CD	5/30/2007	N/A	$0.00	Yes	1	Scientific & Medical Supplies Co.
N/A	4	Microsoft Proofing Tools 2003 CD	5/30/2007	N/A	$0.00	Yes	1	Scientific & Medical Supplies Co.
N/A	1	MacAfee Virus Scan Enterprise 8.0i	5/30/2007	N/A	$0.00	Yes	1	Scientific & Medical Supplies Co.
N/A	1	Symantec Ghost Solution Suite V 2.0	5/30/2007	N/A	$0.00	Yes	1	Scientific & Medical Supplies Co.
N/A	50	Symantic PC Anywhere 12.0	5/30/2007	N/A	$70.00	Yes	1	Scientific & Medical Supplies Co.
4545	1	Seaget hard disk Drive 320GB SATA2/7200.1 with HDD EXT BOX USB SATA	8/28/2007	N/A	$148.31	No	N/A	International Technology Team
0500	1	Filing cabinet, 4 drawers	10/5/1999	OSF004	$115.58	No	N/A	Forum Furniture
0589	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
1730	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
1740	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0604	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0505	1	Desk 200x74x90cm	2/24/2001	N/A	$349.58	No	N/A	Forum Furniture
0506	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0507	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0508	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0509	1	Printer, HP 2100	12/8/1999	N/A	$960.45	Yes	N/A	Arnoon for Electronic Services
0510	1	Table/ meeting, size round 100cm	2/24/2001	N/A	$215.40	No	N/A	Forum Furniture
0511	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0512	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$201.30	No	N/A	Forum Furniture
0514	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0526	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
N/A	1	Neonatal Resucitation program slide presentation kit CD Rom	5/14/2007	N/A	$800.00	No	1	N/A
667	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
1758	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0711	1	Table for conference, size 150*60	3/13/2000	N/A	$225.99	No	N/A	Forum Furniture
0517	1	Desk 160x72x72cm	2/24/2001	N/A	$227.40	No	N/A	Forum Furniture
0518	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0519	1	Table for window, size 100x44x72cm	8/27/2000	N/A	$148.31	No	N/A	Forum Furniture
0520	1	Suspension File cabinet with 4 drawers	2/24/2001	N/A	$303.67	No	N/A	Forum Furniture
0521	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0522	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0523	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
0661	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0672	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0527	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0528	1	Filing cabinet, 4 drawers	10/5/1999	OSF004	$115.58	No	N/A	Forum Furniture
0529	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0530	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0531	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0533	1	Desk 160x72x72cm / w 4 drawers on wheels	2/24/2001	N/A	$227.40	No	N/A	Forum Furniture
0534	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0535	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0918	1	Laser targeting range finder	7/8/2000	10075	$70.00	No	N/A	Sonin Inc.
0537	1	Navigator Garmin eTrex GPS	2/4/2000	190-0071-00 Rev. A	$114.00	No	N/A	Adventure GPS Products, Inc.
0538	1	Table/ meeting, size round 100cm	2/24/2001	N/A	$215.40	No	N/A	Forum Furniture
0539	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0540	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$201.30	No	N/A	Forum Furniture
0541	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0542	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
1725	1	Drawing plans cabinet wood /formainca	10/16/2006	N/A	$141.25	No	N/A	Adel Arif Saed for furniture
1746	1	Drawing plans cabinet wood /formainca	1/14/2007	N/A	$141.25	No	N/A	Adel Arif Saed for furniture
1728	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
1727	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0668	1	Suspension File cabinet w/3 drawers	2/24/2001	N/A	$93.22	No	N/A	Forum Furniture
0548	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
1847	1	Table 160X60X72cm without front panel & without side panel	7/31/2005	104	$166.10	No	N/A	Forum Furniture
2362	1	Shelf cabinet/ 5 shelves	4/30/2008	N/A	$169.00	No	N/A	Adel Aref Said
2363	1	Desk 160cmx60cmx72cm	4/30/2008	N/A	$331.00	No	N/A	Adel Aref Said
1702	1	Side desk	4/30/2008	N/A	$105.60	No	N/A	Adel Aref Said

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
1747	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
1748	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
0622	1	Connected Extension desk 80*40*72 cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0623	1	Desk 140cm, with 4 drawers on wheels	11/23/1999	N/A	$337.57	No	N/A	Forum Furniture
0561	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
0563	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
1757	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0626	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0627	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
4535	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing
0637	1	Chair reception and secretary Mod 315	11/23/1999	Mod 315	$110.71	No	N/A	Forum Furniture
0568	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
0569	1	Extension desk 80x47x66cm	2/24/2001	N/A	$93.22	No	5110	Forum Furniture
0570	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0584	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0632	1	Hutch, size 140x35x45cm	12/1/1999	N/A	$127.12	No	N/A	Comptronics, Inc
0641	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
0571	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0437	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0503	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0581	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0583	1	Desk 140*72*72	11/23/1999	L 250	$371.47	No	N/A	Forum Furniture
0575	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
0578	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0587	1	Dell Latitude D810 P4, M770, 2.13 Ghz w/ATI X600, 128 MBV/512MB , XP Pro, 9 Cell / 80 WHR Battery, leather Carrying Case, UK Power Cord, Dell wireless 350 Bluetooth Module, D/Port Port Replicator , Software (Applications, Operating Systems)	2/10/2006	D810	$2,507.36	No	1	ICS
1729	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
1769	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
0666	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
0562	1	Suspension File cabinet w/3 drawers	2/24/2001	N/A	$93.22	No	N/A	Forum Furniture
0586	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
04507	1	Laptop Fujitsu Siemens Lifebook C1410	6/14/2007	C1410	$1,554.00	No	N/A	General Computer & Electronics Co.
04817	1	Chair, manager chair Mod 425	11/23/1999	Mod 425	$99.05	No	N/A	Forum Furniture
1832	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
0631	1	Desktop Dell GX 150	10/11/01	Dskt-DHM Kbr-RT7**D**00 Mouse-ECM-S5002	$2,184.00	Yes	N/A	JB Intrnl.

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0591	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
1831	1	View Sonic M781P 17" Monitor	10/11/01	VDDTS22038-1M	$0.00	Yes	N/A	JB Intrnl.
4546	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0600	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0559	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0547	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
04851	1	Table/ conference, size 120x60x72	11/23/1999	N/A	$104.52	No	N/A	Forum Furniture
04850	1	Table/ conference, size 120x60x72	11/23/1999	N/A	$104.52	No	N/A	Forum Furniture
04846	1	Table/ conference, size 120x60x72	11/23/1999	N/A	$104.52	No	N/A	Forum Furniture
04848	1	Table/ conference, size 120x60x72	11/23/1999	N/A	$104.52	No	N/A	Forum Furniture
04847	1	Table/ conference, size 120x60x72	11/23/1999	N/A	$104.52	No	N/A	Forum Furniture
04849	1	Table/ conference, size 120x60x72cm	11/23/1999	N/A	$104.52	No	N/A	Forum Furniture
0615	1	Triangle corner, size 100cm	11/23/1999	N/A	$93.22	No	N/A	Forum Furniture
04853	1	TV/Television Panasonic	9/25/2000	TX-29590X	$763.00	No	N/A	Alkantec
04852	1	VCR/Video Cassette Recorder Panasonic	9/25/2000	NV-SD530	$218.00	No	N/A	Alkantec
0792	1	ISOI conference phone (CFP-2001)	8/3/2005	ISOI	$1,200.56	No	1	ASCOTEL
0746	1	Table 160X60X72cm without front panel & without side panel	7/31/2005	104	$166.10	No	N/A	Forum Furniture
0843	1	Table 160X60X72cm without front panel & without side panel	7/31/2005	104	$166.10	No	N/A	Forum Furniture
0844-0859	16	Waiting room chairs model 104 with arms	7/31/2005	104	$33.90	No	N/A	Forum Furniture
0495	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0822	1	Pull Screen TSC 2020	5/23/2006	N/A	$190.68	No	N/A	Spectra Trading Est.
4999	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0785	1	Chair for round table without arms	06/17/02	N/A	$24.75	No	N/A	Forum Furniture
0784	1	Chair, no arms and no wheels	2/24/2001	100	$64.27	No	N/A	Forum Furniture
0590	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
0593	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
2476	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
1852	1	Filling cabinet with 2 doors	4/30/2008	N/A	$204.00	No	N/A	Adel Aref Said
4508	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
0629	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0640	1	Desk 140*72*72 w/3 drawers attached	2/24/2001	N/A	$209.75	No	N/A	Forum Furniture
4596	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc
0642	1	Lockable Cabinet w/2 wood doors	06/17/02	N/A	$232.68	No	N/A	Forum Furniture
0643	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0652	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0674	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
0565	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
0647	1	Desk 160cm, with 4 drawers on wheels	11/23/1999	N/A	$354.52	No	N/A	Forum Furniture
0648	1	File cabinet, 169x42 with two wooden doors	11/23/1999	N/A	$272.60	No	N/A	Forum Furniture
0649	1	Hutch, size 120-140-160*35-45	11/23/1999	N/A	$127.12	No	N/A	Comptronics, Inc
0650	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
1833	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0654	1	4 drawers pedestal on wheels	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0655	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$81.57	No	N/A	Forum Furniture
0714	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0656	1	Desk Extension/w Keyboard carrier	11/23/1999	N/A	$98.87	No	N/A	Forum Furniture
0657	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
0678	1	File cabinet, 169x42 with two wooden doors	2/24/2001	N/A	$274.01	No	N/A	Forum Furniture
0659	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0713	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0715	1	Connected Extension desk 80*40*72 cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0712	1	Credenza	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
0740	1	Desk 160cm, with 4 drawers on wheels	11/23/1999	N/A	$354.52	No	N/A	Forum Furniture
0722	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0691	1	Swivel Chairs Model 601 with gas & tilt and arms leather High back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0701	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
0710	1	Meeting table Round 80cm F/W	8/9/2005	HOHSTD 11926	$180.79	No	N/A	Forum Furniture
0703	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0716	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
0723	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard,	2/10/2006	GX620	$1,315.59	No	1	ICS
04834	1	Chair, conference chair Mod 420	2/24/2001	Mod 420	$87.57	No	N/A	Forum Furniture
0532	1	Connected Extension desk 80*40*72 cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
0680	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0727	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0682	1	Filling Cabinet with 2 doors Classic 203x40x80	8/9/2005	FP-FIL-2-111-220	$214.83	No	N/A	Forum Furniture
0683	1	Desk size 180cm, wooden/Metal Classic	8/9/2005	FP-DSK-2-111-180	$209.32	No	N/A	Forum Furniture
0728	1	Side desk 80x45x72 cm Classic	8/9/2005	HOHSTD 11925	$87.57	No	N/A	Forum Furniture
0702	1	Shelving unit 80x40x203	12/21/2005	N/A	$214.83	No	N/A	Forum Furniture
0732	1	Round Table 80cm	12/21/2005	N/A	$180.00	No	N/A	Forum Furniture
0729	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0707	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard,	2/10/2006	GX620	$1,315.59	No	1	ICS
0708	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
2427	1	Digital Projector Dell 2400 MP	6/14/2007	2400MP	$1,560.00	No	1	Specialized Technical Services
1834	1	17" IBM E74 Color Monitor, 240v Model 6332	07/02/02	N/A	$0.00	Yes	N/A	Comptronics, Inc
0735	1	Chair, guest chair Mod 100	11/23/1999	Mod 100	$64.10	No	N/A	Forum Furniture
0658	1	IBM Net Vista A22 p Desktop Computer, 220 v 40gb hd	07/02/02	A22 p	$1,610.00	Yes	N/A	Comptronics, Inc

Item No	Qty	Description	Date of Purchase/ Arrival	Manufacturer Model No.	Unit cost US $	Maintenance Contract	Warranty Years from date of Invoice	Vendor
0738	1	Table, size 100*60*72 cm	11/23/1999	N/A	$173.73	No	N/A	Forum Furniture
0737	1	Desk 160x72x72cm	11/23/1999	N/A	$354.52	No	N/A	Forum Furniture
0739	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
4815	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back	7/31/2005	601	$190.70	No	N/A	Forum Furniture
0692	1	Filling cabinet with 2 doors 80x40x203	12/21/2005	N/A	$154.24	No	N/A	Forum Furniture
0705	1	Waiting chairs Model 104 with arms	12/21/2005	CMP 104	$42.37	No	N/A	Forum Furniture
0712	1	Desk 100 cm without drawers	11/23/1999	N/A	$186.44	No	N/A	Forum Furniture
4571	1	Extension desk 120x47x66cm	2/24/2001	N/A	$122.88	No	N/A	Forum Furniture
4520	1	Printer, HP Network 8100 DN Damaged sent for repair	2/9/2000	C4216A	$3,710.00	Yes	N/A	Forum Furniture
0860	1	Shelving metal, size 200x100 cm	11/23/1999	N/A	$134.18	No	N/A	Forum Furniture
0861	1	Shelving metal, size 200x100 cm	11/23/1999	N/A	$134.18	No	N/A	Forum Furniture
04517	1	Table for window, size 200x44x72 cm	11/23/1999	N/A	$209.04	No	N/A	Forum Furniture
4572	1	Table/ coffee, size 60x90 cm	11/23/1999	N/A	$66.38	No	N/A	Forum Furniture
4532	1	Table 160X60X72cm without front panel & without side panel	7/31/2005	104	$166.10	No	N/A	Forum Furniture
4533	1	Filling Cabinet w/ 5 Shelves 203x40x80 Classic	8/9/2005	FP-FIL-2-111-220	$154.24	No	N/A	Forum Furniture
4570	1	Xerox Fax PE -120	10/31/2005	PE-120	$564.98	No	1	Arabian office Automation Co.
4518	1	Xerox Copy Center C55	11/13/2005	C55	$7,132.77	No	1	Arabian office Automation Co.
4519	1	HP LaserJet 9500n Printer, Power cord, HP Color LaserJet 9500 series CDROM	2/10/2006	9500n	$6,104.83	No	N/A	ICS
0717	1	Kelvinator Microwave Oven	From JSI	KM285N8	N/A	No	N/A	N/A
0406	1	Refrigerator model F440 (no forst/two doors/16 feet / freezer w three shelves bottel rack indoor and thermostat	12/5/2007	F440	$366.00	No	1	National Refiggeration Co
0719	1	Table/ conference, size 120x60x72	11/23/1999	N/A	$104.52	No	N/A	Forum Furniture
0730	1	HP 8150 n Network Printer	07/02/02	8150 n	$2,515.00	Yes	N/A	Comptronics, Inc
0731	1	HP Color LaserJet 4550DN + HD 5GB	9/2/2001	C7087	$5,264.83	Yes	N/A	Comptronics, Inc
0387	1	Meeting table, size 140x80	10/13/1999	N/A	$155.37	No	N/A	Forum Furniture
0696	1	Table for window, size 200x44x72 cm	10/1/2000	N/A	$209.75	No	N/A	Forum Furniture
0645	1	Dell17" Color Monitor	03/21/03	N/A	$0.00	Yes	N/A	Intermarketing
0689	1	Desk 160cm, with 4 drawers on wheels	2/24/2001	N/A	$227.40	No	N/A	Forum Furniture
0118	1	Desktop Dell GX 150	10/11/01	Dskt-DHM Kbr-RT7D00 Mouse-ECM-S5002	$2,297.00	Yes	N/A	JB Intrnl.
0724	1	Extension desk 120x47x66cm	11/23/1999	N/A	$121.47	No	N/A	Forum Furniture
0690	1	Alcatel premium 4020	7/12/2005	4020	$127.12	No	3	ASCOTEL
0699	1	Swivel Chairs Model 601 with gas & tilt and arms leather Mid back Burned	7/31/2005	601	$201.30	No	N/A	Forum Furniture
0138	1	Switch/ 5-port switch	4/12/2005	TL-SF1005D	$28.25	No	N/A	Ghazal for Computers

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0694	1	Dell DCSM Optiplex GX620 P4 .XP Pro DVD R/RW , Floppy Front USB Ports , Mouse Pad, Optical Mouse Power Cord , VOLEX Power Cables Dell US/ Arabic Keyboard, Dell E176FP 17" LCD Monitor	2/10/2006	GX620	$1,315.59	No	1	ICS
0695	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
1478	1	Dell E176FP 17" LCD Monitor part of a price package	2/10/2006	E176FP	$0.00	No	1	ICS
N/A	1	Hard Desk, Western Digital 40 GB 7200 hard drive	9/15/2005	N/A	$63.60	No	N/A	Smart Data for Computer Systems
N/A	1	Hard Desk, Western Digital 40 GB 7200 hard drive	9/15/2005	N/A	$63.60	No	N/A	Smart Data for Computer Systems
N/A	1	View Sonic M781P 17" Monitor (Damaged)	10/11/01	VCDTS22038-1M	$0.00	NO	N/A	JB Intrnl.
0067	1	Canon Power Shot A95	9/25/2005	A95	$395.48	No	1	United Electronics (Canon)
0619	1	Dell Latitude D810 P4, M770, 2.13 Ghz w/ATI X600, 128 MBV/512MB , XP Pro, 9 Cell / 80 WHR Battery, leather Carrying Case, UK Power Cord, Dell wireless 350 Bluetooth Module, D/Port Port Replicator , Software (Applications, Operating Systems)	2/10/2006	D810	$2,507.36	No	1	ICS
0123	1	Infocus LP 330 LCD Projector w/case Damaged	7/31/2000	LP330	$5,830.00	Yes	N/A	ICS
0126	1	Laptop HP 4150 (Damaged)	8/19/1999	OMNIBOOK 4150	$3,744.35	No	N/A	Alkantec
0120	1	TreadNet 8 port 10/100 switch model TE-100-58P Damaged	12/04/03	TE-100-58C	$67.80	No	N/A	Ghazal for Computer
1723	1	Micron Client Pro CS (Research) 128 MB RAM + Ms Windows damaged	7/31/2000	SE440BX2-ATX-PLLL600	$2,537.15	No	N/A	ICS
0129	1	Projector LCD, INFOCUS LP425Z (Damaged)	2/24/2000	N/A	$4,000.00	NO	N/A	Intercom of America
0132	1	TrendWare 32- port Hub 10/100 bps Damaged	4/2/2000	N/A	$895.00	Yes	N/A	ICS
0108	1	3 COM Office Connect Dual Speed 8 Port Damaged	10/26/2000	N/A	$218.93	Yes	N/A	Saadi Communication Sytms
1733	1	3Com Network Connectivity Kit (NIC) Damaged	7/31/2000	N/A	$119.00	Yes	N/A	ICS